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LIQUID AIR AS A CAUTERY.

The use of liquid air as a cautery is already spoken of favorably. It having a temperature of 312° below zero, its action is, to all intents and purposes, the same as the most powerful actual cautery. It does not really burn, but utterly kills the tissues, leaving a blister not unlike a burn. Hence it has been suggested for cauterization in surgical practice. It is not only a good deal cheaper than the ordinary cautery, but it is much more efficient; and its action can be absolutely controlled. Indeed, a well-known surgeon has already performed a difficult operation on a cancer case with liquid air, and he has reported the case as cured.

FILTERS ARE NOT TO BE TRUSTED.

According to the report of the Maryland State Board of Health the various kinds of filters may steadily lose efficiency until they become real culture-beds for bacteria. Thus a gentleman in Baltimore has his water supply sent through a large filter, and in addition thereto puts his drinking water through one of the small domestic filters. A test regarding the efficiency of this arrangement was made on a day when the city taps were running 500 bacteria to the cubic centimetre, found in a little filter. The large filter was delivering 9900 bacteria in the same water. After repacking the large filter only nine bacteria per centimetre got through it, though this same water when passed through the small filter came out with seventy-one bacteria per centimetre. Experience has shown that this is the fact with the best filters; that boiling the water after filtering offers the only sure course.

OYSTERS NOT SO BAD AS PAINTED.

After numberless assertions that oysters were conveyors of the typhoid germ, investigation has proven that they are only so under certain conditions. Professors Herdman and Boyer, after three years' investigation of the British oyster, assert that the fresh oyster cannot develop typhoid fever. According to their investigations, even when the bacilli of the disease get into the bivalves, the sea water destroys them (the bacilli) in a few days. When taken out of the water, however, and kept in shops, the oysters deteriorate rapidly, and may easily convey all kinds of germs. Hence in the use of oysters, fresh oysters should at all times be obtained; but, as a matter of fact, the early decay of the oyster generally insures their proper care and attention, and germ infection must be rare.

THOSE CANNIBAL ORGANS OF THE HUMAN BODY.

Under certain conditions it will be found that the brain, heart and lungs live at the expense of other organs of the body. This trio are the guiders and distributors of the vital pabulum for the whole body. Thus in a case of starvation we find that the fatty portions of the economy go first; after the fat is devoured the blood takes with it certain muscular elements, and finally but little is left but skin and bone, while the brain, heart and lungs preserve their former size. This is a wise provision of nature, for if either brain, heart or lungs should suffer there could be no basis to build upon again. Hence ship-wrecked sailors, polar explorers and imprisoned miners from cave-ins are enabled by their brains, hearts and lungs to preserve their intelligence and energy, even if their secondary organs suffer.

WHAT SHALL LONDON DO WITH HER DEAD?

We notice that London's health is gravely menaced, owing to a lack of room in the cemeteries. This question is now agitating the members of the London County Council, as it concerns the health of the living. According to estimates it is shown that each year about 130,000 human bodies are interred within the limits of the county of London, and it is predicted that within five years London will have no public burial ground; besides, the condition of the cemeteries suggest the immediate necessity of some change of method. It has been stated that one-eighth of the deaths in London are caused by diseases which render the bodies highly infectious and dangerous after death. The crowded condition of cemeteries, the disturbance of the earth for new graves, must be prejudicial to the health of the neighborhood. It is the generally accepted opinion by all intelligent persons that the only relief can come from the expansion of the system as carried on by the Cremation Society of England.

TOTAL ABSTINENCE FROM ALCOHOL AN IMPOSSIBILITY.

The triumphs of chemistry are constant, and it would appear that often they interpret the historied wonders of a past. Their achievements with coal-tar are marvelous; they extract from it the varied tints of the rainbow and lure into existence the odor of flowers whose fragrance

refreshed the world many thousand years ago. The chemist is an omnivorous investigator: he takes the most ordinary elements and makes them reglow in elements of use and beauty: from an old flannel shirt he makes sugar; from sewerage he makes butter and quinine. Now he has found out that he can manufacture alcohol from the smoke of blast and other coal furnaces. Coal smoke of this kind contains ethylene, from which alcohol is readily made by simple means; and it is recognized that ere long the smoke of high furnaces, coke ovens and gas works will be turned to account this way. Alcohol seems omnipresent in all nature; it seems that total abstinence upon the part of man from alcohol is an impossibility. Müntz has shown that wherever we have decomposing organic matter there bides and exists carbonic acid and alcohol. It is constantly demonstrated in the air; it is found in rivers, lakes and oceans; it can be found in rain and snow and in smoke. In man's digestive tract, from mouth to anus, we have a constant working still which produces varying quantities of alcohol. Wherever we have life and growth, consequent decay by alcohol is produced. Inorganic nature stores it for centuries; all organic existence seems to be more or less engaged in the manufacture of alcohol. It is stated that only the waters of certain springs are free from it, but it is likewise stated that these waters are unfit to drink. So the most scrupulous water-drinker is not a total abstainer, but an indulger in alcohol and sadly a living still for the making of alcohol.

PSYCHOPATHIC HOSPITALS.

The establishment of psychopathic hospitals, we see, is being vigorously discussed, and the reasons for the same are pertinent and timely. The causes indicating their establishment are pre-eminently just and humane. There is no doubt that when persons present evidences of mental disorder the present mode of procedure is not only hurtful by delay, but gives undue prominence to the fact, which oft leaves a lasting stigma. The commitment of those afflicted with insanity is, according to the necessity, to some prison or place of detention under legal form, and frequently, in many States, legal measures for such commitments are duly formal, intricate and difficult, inflicting unnecessary delay and publicity. All of this can be relieved by establishing, in large cities, a psychopathic hospital, where such insane may be taken in the early curable stages of their malady without the parade and publicity of the law. When taken to such hospitals they can remain until cured or the chronicity of their trouble is apparent, when they then can be transferred to an asylum. The psychopathic hospital, then, is established for the purpose of doing away with the law's delay, stopping publicity, relieving the stigma of having gone to prison, house of detention and asylum, which we conceive are all just and worthy of consideration. There are no such institutions in the United States at the present time. Dr. Ira Van Gieson, in the last number of *The Archives of Neurology and Psychiatry*, devotes considerable space to the consideration of this subject.

Dr. Frederick Peterson, in his inaugural address as president of the New York Neurological Society, made this matter the main subject of his remarks, closing with the following paragraph:

"Surely this great city, blessed with so many hospitals, charities and institutions of learning, possessed of so many citizens eager to employ their large wealth for benevolent purposes and for human progress, might well lead the cities of the new world in the establishment of a psychopathic hospital, a psychiatric clinic, fully equipped with all adjuncts for clinical, chemical, psychologic and pathologic investigation. A psychopathic hospital would accomplish great practical good. It would be a boon to the many insane now gathered daily into a pavilion at one of our hospitals merely for distribution to various asylums. In such a hospital many cases could be treated and cured, thus avoiding transfer and commitment to asylums. Medical students and special students of psychiatry would profit from the convenience of access to the psychiatric clinics, and the young graduate would enter upon practice with some definite knowledge of insanity and its treatment. But the greatest value of the proposed special hospital would undoubtedly be the opportunities afforded for those aggregate studies by many specialists which are destined one day to discover the origin and cure of several of the psychoses, and incidentally to unravel some of the mysteries of mind."

QUARANTINE WAR IN VIEW.

As a result of inadequate national health legislation, the oft-repeated quarantine war in the southern States promises to commence at an early date and be unusually bitter. Unless Congress acts in regard to a national quarantine bill, or the governors of the southern States enter into consultation and devise some means, a quarantine war will be started on April 15th or May 1st. This, of course, is destined to paralyze the business of the entire southwest. The Mississippi Board of Health, at a recent meeting, laid the entire responsibility for last year's epidemic to the treachery of the New Orleans and Louisiana Boards of Health. Acting upon this belief, they propose to place New Orleans in the same class of infectious places with Havana, Rio Janeiro and Vera Cruz. It was suggested that without waiting for fever reports, to declare quarantine against New Orleans on April 15th or May 1st. It is evident that should this be done, much trouble would be occasioned. They, however, submitted a proposition to Louisiana and New Orleans Boards which declares that "New Orleans is a menace to the health of the people of Mississippi on account of the lax management of epidemic contagious diseases by the health authorities, and that Dr. Edward Souchon, president of the Louisiana State Board of Health, and Dr. Quitman Kohnke, president of the New Orleans Municipal Board of Health, are in favor of concealing yellow fever when it appears in New Orleans, Dr. Kohnke denouncing the law of the State which requires physicians to report cases of yellow fever, and refusing to inform the country when these cases have been reported to him by physicians of his city." The Mississippi Board demands as a condition of peace that a representative of the Mississippi State Board of Health shall be officially stationed at New Orleans. This representative must be permitted to make a house-to-house inspection; permitted to see all suspicious cases; permitted to visit and inspect all of the city hospitals at any and all times. The New Orleans and Louisiana State Boards have not as yet replied, but it is quite

certain that they will reject the demand, as ugly feelings are engendered on both sides. The Mississippi Board of Health is pledged to declare quarantine against New Orleans and Louisiana. It is almost certain that Texas and Alabama will do the same. It is stated that the Texas health officer has just obtained an opinion from the attorney-general of the State, assuring him of his power to declare State quarantine. It can be predicted with almost certainty that quarantine war will be declared, involving no less than five or six States. Nothing but a national quarantine law can prevent the constant occurrence of these wars. The writer of this has seen all of the bad effects of an interstate and interurban quarantine war. The plain story of the frequent wars between Galveston and Houston, Texas, would unfold a tale of acridity and intense interest; more than one Galvestonian will tell you that Houston grew at the expense of Galveston, and that quarantine was a means Houston used to paralyze the business of Galveston for her own aggrandizement. The failure of Congress to pass proper quarantine laws means great and constant demoralization of all business interests in the southwest this summer and fall.

SUGGESTIONS AS TO NEW HAIR RESTORATIVES—THE BALD HEAD SHRINKS FROM NO CURATIVE AGENT.

The British Medical Journal in a recent number says: "A Chinese gentleman, whose name we are regretfully compelled to keep silent because we do not know it, thus sings the praise of rat flesh as a hair restorer: 'What the carrot is to a horse's coat, a rat is to the human hair. Neither fact can be explained, but every horseman knows that a regimen of carrots will make his stud as smooth and as lustrous as velvet; and the Chinese, especially women, know that rats used as food stop the falling out of hair and make the locks soft, silky and beautiful.' It is almost needless to add that he goes on to say that he has seen the treatment tried many times without a single failure. Bald people will do and suffer many things to make their estate more gracious, and they are not likely to shrink from the remedy which the Chinese ladies find so efficacious." It is, indeed, a profoundly ancient and well-established fact that the best of brains cannot prevent a head from getting bald. Sad it is, hair by hair do silky locks go, like leaves dropping in the fall, and ever indicate the bleak and barren show of time. The recommendations of this Chinese gentleman—that a diet of rats is indeed marvelously and superlatively good for baldness—is equaled by one of the fathers of our profession, who lives in the southeast portion of this State. He (this father), with all due gravity, seriousness and sincerity, recommends the nightly application to the entire scalp of a bountiful and freshly-made mayflower poultice. Between a ragout of rats and a warm and recent mayflower poultice, it would require the delicate consideration of a perfect connoisseur to determine which is the more æsthetic and elegant form of treatment.

THE INFINITESIMALITY OF INDIVIDUAL MAN IN THE UNIVERSE.

Man is an animal so constructed anatomically as to have the broadest function, hence is the vital source of progress in this world; competent to improve, devise and create. The anatomical construction of all other

animal life hedges them into inferiority; while man's growth and progress is seemingly unlimited by the diversified breadth of his construction. Man's place in nature, according to his construction, makes him superior to all animal life; yet, individually, his insignificance is utterly incomprehensible to any finite mind. Sir Robert Ball, lately Astronomer Royal in Ireland, states that astronomy shows the existence of thirty millions of stars or suns, many of them much more magnificent than the one which gives light to our world. Their existence has been revealed by sensitized photographic plates. Most of these stars or suns are almost inconceivably distant; in order to convey an idea of their distance a telegraphic message, for instance, would reach the sun in eight minutes, while it would not reach some of these stars in eighteen hundred years. It is not only improbable, but, apparently, almost impossible, that these great centers of light should have been created to light up nothing, inasmuch as their distance debars the possibility of their use to us; it is a sensible and reasonable hypothesis that each has a system of planets round it like our own. Admitting this hypothesis, and taking an average of only ten planets to each sun, there are at least three hundred millions of separate worlds, many of them doubtless of gigantic size. It is inconceivable that all of these three hundred millions of worlds can be wholly devoid of living and sentient beings upom them.[1] "Granting the to us impossible hypothesis that the final cause of the universe is accident—a fortuitous concourse of self-existent atoms—still the accident which produced thinking beings upon this little and inferior world must have frequently repeated itself; while if, as we hold, there is a sentient Creator, it is difficult to believe, without a revelation to that effect, that he has wasted such glorious creative power upon mere masses of insensible matter. God cannot love gases. The high probability, at least, is that there are millions of worlds—for, after all, what the sensitized paper sees must be but an infinitesimal fraction of the whole—occupied by sentient beings; probably mortal in our sense, as all matter must decay; certainly finite; and then what is the relative position of mankind? If he dies, at death man is a member of a weak tribe of animals with inferior physical powers, with keen brains, but very poor nature, with a very short life, and so insignificant in numbers that it seems at first possible—we write with all reverence—that he might be forgotten even by God." Man, in the aggregate, as on this earth, then, is seemingly so insignificant as to suggest that in the monster universe by which he is surrounded it is possible that his Creator might overlook him but indicates the inconceivable immensity and grandeur of God's universe, If man is insignificant *en masse*, what, then, is man individually? Why then he is very far from being even the one trillionth part of one trillion times three hundred millions of trillions; he bides in God's universe a thing so small and invisible as to be seemingly smaller than the most infinitesimal animalcule which has graced earth. Yes, millions of which can be covered by the point of a needle. Perhaps there may be consolation in the thought that the smallest thing created is a link, an eternal, ponderous and essential link, a link which keeps the monster universe intact, without which the universe could not exist; hence individual man upholds the possibility and existence of all creation. Again,

[1] Little's "Living Age."

consolation must come from the fact that it is a wonderful infinitesimality which can surmise in the grandeur that individual man does; he must be endowed with a touch of God's own sentience, hence is great in his sheer infinitesimality and its cognoscence. Astronomy is a profound leveler of human conceit; it depicts the infinite, awful and incomprehensible enormousness of the godly grandeur of the universe. Man's position in the universe is as hidden as his origin, as hidden as the source of his mental power; whilst man's power and knowledge are marvelous, his real knowledge of self is amongst the most petty and insufficient things of earth. If, as suggested by Sir Robert Ball, this study of astronomy leads man from a study of superstitious, fatuitous individualism to a religion based upon God's broadened truth as taught by the planets of heaven, then, indeed, man will be greatly blessed.

TO WHAT IS THE FUTURE OF THE MEDICAL PROFESSION TENDING?

Oblivion is the fate of the great mass of men; seemingly to exist in life so unknown as to scarcely touch the records of notice; leading a life in which individualism is almost unmarked. God may have them recorded on the pages of life, but their lives, to all intents and purposes, is equivalent as though they had never existed. Circumstance, inevitable and ponderous, determines all human attainment; it starts with man from the great unknown "whence," bides with him in the feeling present, and goes with him to the unfathomable beyond. All query is useless, pondered surmise fatuitous; man must and will act to the spur and prod of a stimulating and necessitous present. Man was made for function; waning function marks his course and end. He seems hedged in by oblivion; he came from an unknown oblivion; he lives more in oblivion than notice; he dies, seemingly to go into oblivion. The purpose of man's life is made up of incomprehensible sequences; and as he comes and goes, the dominant idea remains that man was born and lives only to die. Life is the measure of contrasts in which the fittest survive; and for the great mass of mankind life is a continuous struggle. This struggle deeply marks the course of the medical profession in some of the older countries. No vocation thrives in stranger phases among the people of earth than that of medicine. If the actual condition of the medical profession as now existing in certain countries is an index, the future of medicine is indeed dark. It has been stated by undoubted authority that in Paris there are 2500 physicians literally battling with starvation. Year by year the number of doctors increases, but owing to the progress of hygienic science there is an increase in health and a consequent decrease of patients. Again, that the necessities of life are dearer, and these doctors of Paris are borne down by heavy rent and taxes. Unfortunately, a knowledge of medicine has so efficiently spread that lady members of various societies apply this knowledge thus imparted, to the detriment of the doctors. Progress, vanity and conceit have caused the Parisian doctors to write for the daily press, detailing prescriptions and showing how to cure various ailments, thus decreasing the physician's patronage. Parisian dispensaries are patronized excessively, giving annually 500,000 gratuitous consultations; besides, schools of medical half

knowledge send forth thousands of women who usurp the function of the physician. It is claimed that excessive competition has lowered the standard and almost annihilated medical fees. Thus we have an instance where competition has adapted itself to the wants of the people to the ruin of the profession. From what has passed and amidst the daily upturnings of complaints, we believe that the time is not far distant when it can be said that the most extended example of overproduction in all the body politic is an overproduction of physicians, since there is as yet no bar to their increase and to the increase of self-constituted healers of man.

While it remains a sad and impressive truth regarding the doctors of Paris, still more impressive is the real condition of the medical profession of Italy. Poverty, competition and overproduction have indeed palsied effort and withered hope among the Italian physicians. The medical profession of Italy, according to Professor Casati, is in that condition depicted as "a moral and civil disaster which overwhelms the majority of Italian doctors." In Italy, as everywhere else, men are swarming into the profession, decreasing the actual and prospective livelihood of all to earn a competency. There are now 22,000 physicians in Italy. The cities are oversupplied. In Milan there are seven hundred and fifty doctors. Turin has about the same number. Rome has 1000; Naples, 1200. The proportion of physicians to population is one to 1400 for the whole of Italy, whilst in certain large cities it is one to five hundred and thirty. Some 9000 of these Italian physicians are in salaried positions (*condotto medica*) whose average salary is from $200 to $400 per annum. According to official statistics, the average annual income of medical practitioners is as follows: In Venice, $350; in Milan, $700; in Rome, $375; in Naples, $350; in Palermo, $250. Here, indeed, is an array of figures such as to appeal to the thoughtful. There indeed need not be wonder that insanity is so frequent among the members of the profession, nor of their deplorable prominence in the list of suicides. View the medical profession where you will, the same tendencies are now working in all civilized countries. In England stringent and precarious conditions meet the physician, for he has almost arrived at the position of the wage-earner—neither surety nor comfort in gaining sustenance. In Russia the physician's position is as stringent and harsh as his surroundings. In Spain jaded poverty marks his every step, whilst in Germany cultured young men, educated physicians, earn their living by menial means. Combination and commercialism are slowly thwarting individual reliance. Deep-grown defects in educational factors are, however, the real and ever-acting malady. The access to medical education has no bar, and outside competition, be it with the officious women, midwife or Christian Scientist, thrives. Aided by churches, encouraged by preachers, the Christian Scientist has become more than a menace to the profession, and the future promises more stringent times for the coming medical man.

PRAY, WHEREIN IS THE COMMON SENSE?

In the realm of surgery the marvelous, the far-fetched and the daring is sought, to the exclusion of the ordinary effective and common-sense procedure. The surgeon would have us believe that his scalpel can touch any and all fields of operative procedure with benefit; that he can

inject cerebral substance and slice cerebral tissue and not affect the mentality of the subject operated upon. Any new and daring operative procedure is hailed with delight, and its votaries arise as rapidly as information can reach them. In the treatment of tetanus there is constantly presented a strange concatenation of thought: in one instance a most radical procedure is followed by audacity and industry, whilst in another a most common-sense treatment is presented, minus all of the attendant elements of audacity and mutilation. Compare Baccelli's method of treating tetanus by hypodermic injections of carbolic acid with the intracerebral injection of antitetanus serum.

According to Vittorio Ascoli, assistant in Baccelli's clinic in Rome, the number of cases collected from Italian, French, German and Russian literature by A. Zeri was twenty-four, and among these was no instance in which the treatment failed. Ascoli reports thirty-three cases in all with only one death. Now, the intracerebral injection of antitetanus serum shows a mortality of fifty per cent., not to think of sequelæ which develop as time renders them manifest. In Baccelli's method carbolic acid is injected hypodermically in and around the seat of injury, the doses being three to four centigrammes of a two to three per cent. solution; the injections may be given several times in twenty-four hours; in certain cases the daily amount of thirty-five centigrammes has been administered without any sign of intolerance being manifested.

Ascoli sums up his conclusions as follows: (1) Statistics show better results from the carbolic acid method than from the use of serum. (2) The carbolic acid must be given hypodermically and in large doses (3) Under its influence the muscular contraction and spasms diminish in a marked degree. (4) The acid acts in tetanus particularly as an antitoxic and a moderator of the reflex activity of the nerve centers. (5) The energetic local disinfection, combined with the support of the patient's strength, are the cardinal points in the treatment of tetanus. (6) Serum treatment is useful as a preventive, and also in the developed disease, wher it is possible to apply it early or when the production of toxins is still going on. But the results of this method, if they cannot be ignored, are neither convincing nor brilliant. Even if it were the most efficacious method, symptomatic treatment must not be neglected. (7) A patient suffering from tetanus must be treated eclectically, regard being had to the wound, to the intensity of the intoxication and its duration, and to the special conditions present in the case. Carbolic acid in a large measure fulfills the indications, and is, therefore, suitable for the majority of cases.

This certainly presents a most favorable statement and one which would commend itself to any common-sense person. Concerning the toxicity of carbolic acid, our experience indicates a greater danger of poisoning when mild solutions are used than when full strength is employed In the treatment of an extensive anthrax upon the posterior portion of the neck there was injected directly into the tissues at the edge of the inflamed skin nearly an ounce and a half of pure carbolic acid in the first four days of treatment. We have almost arrived at the conclusion that toxic symptoms of carbolic acid will not be manifest when injected in a pure state. Between the serum treatment of tetanus and Baccelli's method, we certainly would commend the latter strongly and ignore the violent and indefinite plan of the serum treatment.

SOME FALLACIES ABOUT THE BRAIN.

It is natural to suppose that an organ possessing the wonderfully intricate function which the brain possesses would be enshrined in much that is hidden and mysterious. It has often appeared to the investigator that certain qualities of the mind are inherent in particular portions of the brain; but time and investigation have left nothing but assertion and an unproven scientific theory. Even take cerebral localizations now used as the basis for surgical interference, and it is found that they are not absolutely correct. The character of a brain, when removed, only indicates its size, character of convolutions, and gross anatomical appearance; it is an utter fatuity and impossibility to determine the extent of intellectuality. The study of the external appearance of a brain has never indicated to the deepest student whether it is the brain of male or female, or whether of a genius or fool, although it is established that an enormous brain very rarely if ever belonged to a genius.

In a recent number of *The Popular Science Monthly* Dr. Joseph Simms discusses many points in connection with the brain very intelligently and interestingly. It has been an accepted idea by scientific students that the native and inherent ability of man is generally proportionate to the weight of the brain, but from Dr. Simms' investigations this remains an unproven point. The heaviest brain belonging to a talented person was that of Turgenieff, a novelist, whose brain weighed, at the time of his death, 71 ounces. Still it can be shown that the mass of brain very far from indicates the quality of mind: thus an idiot boy of fourteen, who nearly killed his sister, had a brain weighing 57.5 ounces; another idiot possessed 59.5.

Dr. Ireland cites an imbecile with 70.5 ounces; and there is a record of an illiterate and weak-minded man with 71.3 ounces. In the Army Medical Museum in Washington there is a brain of a dwarfed Indian squaw, 73.5 ounces; even these figures are exceeded in the case cited by Bischoff of an ignorant workman Rustan, who is credited with 78.3 ounces. Thus it will be seen that weight of brain is not necessary for the best of intellect.

According to Dr. Simms, the average weight of brain for man is 52.2. The mean for his sixty famous men is only 51.3 ounces, making them on the whole below the average of ordinary men in the quantity of their cerebral development; but the mean for Dr. Simms' idiots and imbeciles is 59.4 ounces. Napoleon I., Daniel Webster, Agassiz, and Chalmers are among twenty-one famous persons whose brains weighed from 50 to 53.6 ounces; the Scottish physician Abercrombie's brain weighed 63 ounces, the Scottish general 62, and General B. F. Butler the same. It has been noted in tables of brain weight that cold northern countries produce bigger brains than warm tropical ones do. The largest average is attained in Scotland. Thackeray, Cuvier, and the infamous Jeffrey had brains weighing between 54 and 58.6 ounces. In another group he (Dr. Simms) gives a group of twenty-five men having from 40 to 49.9 ounces of brain; one finds Grote, Gabbage, Bertillion, Liebig, Bishop (the mind-reader), and Gambetta. The figures given for the last named are 40.9. Now, the average weight of the brains of several hundred boys between the ages of seven and fourteen was found by Dr. Boyd to be 45.9 ounces,

and for boys ranging from four to seven years 40.2. Gambetta steered the French Republic through one of its most dangerous crises. His death was pronounced "the sudden extinction of a powerful individual force; one of the most powerful, indeed, of such forces hitherto operating in Europe." Yet in the scales his brain counted for less than that of the average boy of seven. The number and depth of convolutions and the quantity of cortical substance has been considered as bearing an important relation to mentality. The average thickness of the gray matter is one-fifth of an inch, but in Daniel Webster's there was only one-sixteenth of an inch—less than one-third of the normal amount he avers, than in many of the lower animals; and in persons below the average in intelligence a thicker cortex has been found than in Webster's brain.

HE RAISES THE DEAD.

The wires quiver under the click of the telegrapher's key; space ceases; letters, words and sentences grow; a new message, of rare import, is flashed to the ends of the earth—a man, e'en as Christ did, raises the dead! In glowing head-lines we read, in the lay press, another wonder of modern surgery—restoring the dead to life! From what we read, with this new and modern life-restorer death and life bide in the pressure of his thumb. Here let us peruse how Doctor Tuffier, of the Hospital de la Pitie, of Paris, explains the marvelous possibilities of his procedure:

Restoring the Dead to Life.

DR. TUFFIER EXPLAINS THE POSSIBILITIES OF THE OPERATION.

"Paris, February 24.—It is quite true that we recently restored to life a dead man. It is also true that we have restored to life fifty animals. Death is merely the arrest of circulation and respiration. If this arrest be due to a mechanical accident, it is obvious that the obstacle can be overcome by putting the machinery of life again in motion.

I can restore to life almost any dead man whose heart is sound and who is brought to me within a few minutes after death.

I make an incision in his breast, take his heart in my fingers, and by a series of delicate manipulations restore the circulation of the blood and bring the dead man to life again. The circulation becomes quite normal after this operation.

Nothing could be clearer than the case of a young man whom we restored to life recently at the Hospital de la Pitie. I was explaining a physiological question to my class of some forty students, when an attendant rushed into the lecture hall and told me that a young man had died suddenly in another part of the hospital. Thither I took my whole class. The man had died of appendicitis. He was dead beyond all doubt.

In the presence of my assistant, Doctor Dumont, and all of my pupils, I cut the man's side open and pressed his heart with my fingers. The blood circulated, he began to breathe, he opened his eyes, he looked around, he talked to us.

Then I stopped, and after three minutes the young man was dead again. I repeated the experiment, putting the heart into better action, and the young man lived for two hours. He might as well have lived for

two years or for twenty, if I had had proper mechanical means at hand to perfect the resuscitation which I had begun. The mechanism I speak of can be constructed without great difficulty.

Every dead person cannot be restored to life; but we know how, by experiments which are beyond question, some dead men can be brought back again."

There is an old saying that "there is no medicine against death;" but, then, this was said when surgery was in its swaddling clothes and a barbarous thing. Aye, surgery, with its teeming progress, brilliant operative success, is constantly and unceasingly curing man. Heavens! yes, perverse man goes on dying as he has always done, as though progress had never illumined its course. Now, we repeat, now all this will be different, as Doctor Tuffier's suggestion halts death, more or less, to show the triumphs of modern surgery. 'Tis plain, indeed 'tis painfully plain, that somebody has made a mistake in letting man die. We are told that the gentleman experimented on by Doctor Tuffier died three times: First, he died of appendicitis; he was then brought back to life, he talked; then he died again, but was once more brought back to life and lived two hours; then died again. 'Tis true, we know, that to die is the fate of man—aye, 'tis even said that to die is nothing—but to die three times in as many hours is, indeed, Tuffier-if-ic! True, Tuffieration makes the livest dead man yet seen on earth; still, Doctor Tuffier illustrates Young's thought: "As soon as man, expert from time, has found the key of life, it opes the gates of death." "If," says Doctor Tuffier, "if I had had the proper mechanical means, he (the man) wouldn't have died." Yes, that's true as gospel and as clear as "plate ice"—if the man hadn't died he would have lived. Yes, 'tis true as truth: "if" has destroyed more profoundly ponderous possibilities than all else in life, except death.

Oh, ye dead, dead hearts! thy peace has fled—
Thumbed, fingered, and pressed three times dead!
Oh, sad, sad indeed, is man's death-dealt fate!
But Tuffier still it grows when Tuffier operates.

CLINICAL LECTURE.

CLINIC ON DISEASES OF THE SKIN.[1]

By CHARLES WARRENE ALLEN, M. D., of New York.

Consulting Genito-Urinary Surgeon to the City (Charity) Hospital; Consulting Dermatologist to the Randall's Island Hospital, to the Hackensack Hospital, to the Bayonne Hospital, to the Infant Asylum of the Holy Rosary; Attending Surgeon to the Good Samaritan Dispensary (Department of the Skin), Etc. Etc.

GENTLEMEN:—The first patient we present to-day illustrates rather the results of an accident than a skin disease. Denuded areas varying from the size of a fifty-cent piece to that of the palm occupy the region of the chest and back. Some are more or less circumscribed in outline, others irregular, but all are tender and bleed on the slightest touch. The region occupied suggests at once *zoster pectoralis*, but the distribution is so irregular, and passes the middle line both in front and upon the posterior aspects of the trunk, that this diagnosis is at once excluded. Here and there, there is deep pitting which would not wholly exclude the diagnosis of *zona*, since, in the latter affection, there are gangrenous forms which are markedly destructive of tissue. Upon questioning he tells that one week ago he had pain in the chest and sought medical advice. The physician prescribed something with which the whole trunk was to be vigorously rubbed. The next morning the skin was found to be severely burned, and since that time efforts have been made to bring about a cure with only partial results, the lesions showing but slight tendency to heal. A copy of the prescription which the patient has secured I now present to you. It is as follows:

℞ Menthol,
Ext. aconite.
Tinct. belladonnæ,
Tinct. opii ..... aa ℥ j
Zinc chlor ..... ad ℥ iij

The physician evidently meant to write for ungt. zinci oxidi, and one of those curious lapses of co-ordination between the head and hand caused the prescriber to order something he did not mean.

We will cover the man's chest with a one per cent. (1%) picric acid solution, which has been found to be one of the most grateful and efficacious remedies in burns of various degrees and stages. Over this we will spread a piece of cheese-cloth smeared with vaseline or cold cream to protect from friction and irritation.

The next patient, a woman, aged thirty-two, presents a rather interesting condition, in that the present eruption is really secondary to an entirely different condition. Four weeks ago, small scaly, round patches began to appear over the upper part of the chest which were extremely itchy. These have been scratched and irritated with a coarse flesh-brush

[1] Delivered January 9, 1899, at the Good Samaritan Dispensary, New York City.

until they have become transformed into veritable plaques of eczema, the clinical features of the original trouble being almost obliterated.

We will treat her with a wash of lysol, to be used over the whole body twice daily.

The next case is no less interesting, being rather rare; it is one of purpura-like lesions in an infant of sixteen months; it is of two days' duration and limited to the region from the hips down to and including the feet and foot soles, cheeks, forearm and hands, with a single patch of small blue spots upon the right side of the chest. Upon examining more closely, we find at the border of these grayish patches, extending up over the hips, a distinctly raised red margin; this is a condition not present in purpura proper, but it stamps the affection as one of *erythema multiforme* of the purpuric variety. The mother tells us that the illness began three days ago with rather severe diarrhœa, which lasted two days. It was upon the second day that she noticed the blotchy redness of the legs and feet, the child being restless and feverish, as she supposed, from teething. These spots have rapidly changed from dark-red to bluish, grayish, greenish and even yellowish tinge, until now the variegated appearance presenting is very striking. The temperature, taken per rectum, is 100 degrees F., but the tongue is clean and the child takes the breast. We should examine the interior of the mouth, for the reason that *noma* has occasionally begun with just such symptoms, especially after severe disease. Although this child does not look particularly healthy, the mother says the child has had no illness since a summer diarrhœa. Inspection of the mouth is, unfortunately, negative.

We will give this child small doses of resorcin, as follows:

℞ Resorcin ..... gr. j
Spts vini rect ..... ♏ iv
Aquæ ..... ad ℥ ij
M. Sig.—A teaspoonful every three hours in milk.

The next case, also a little child, is present on account of an ulcer in the corner of the mouth, which extends somewhat upon the mucous membrane as a bleached patch, the color being that of a washerwoman's hands after a day's wash. The actual ulcer, which is at the commissure, is round, but, until distended by widely opening the mouth, appears to have overhanging edges. This is a distinctively specific lesion, although the only one which the child presents upon the body at the present time. The parents who accompany the child say that there has never been any eruption upon the body nor any other evidences of infection. Upon examining the mother we find a pigmentary syphilide upon the neck, unmistakable in its features. Scattered over a pigmentation which would on superficial inspection possibly be called a dirty neck are small white areas of leucoderma. This is not the result of a preceding syphilide which has disappeared, but exists as a condition *per se*. The condition is not so very uncommon, especially in women, but is frequently overlooked. At times there is a reticulated appearance, as though a lace neck-handkerchief had been worn through the meshes of which sunburn had taken place. The father presents a scar at the naso-labial fold, which marks the site of the infecting sore accidentally acquired, and, aside from the patches in the margin of the tongue, presents no other manifestations of his infection.

The history is very instructive and interesting, showing how a family syphilis of the most innocent kind may exist, involving all its members. The history dates back to May, 1897, when a wet-nurse was taken into the family to suckle the first-born. This infant acquired syphilis from the unsuspected nurse, who was at once discharged. But the child becoming so ill that its life was despaired of, the mother, in her pity, put it to her own breast, and, in the course of time, discovered that she herself had become infected. The history shows that after this child's death the mother became pregnant, but carried out an inunction course during a considerable part of her term of pregnancy; so that, until now, she has considered herself quite free from the disease, and has looked upon the child before us, born at term, as having escaped infection.

The result of our examination to-day shows this belief to have been unfounded. The child is now two years of age. The father was first seen in February, 1898; he then had a primary lesion at the center of the upper lip, where the naso-labial junction is. He was put at once upon a course of injections of bichloride of mercury, and has since taken protoiodide of mercury internally, with the result that he has remained well with the exception of occasional mucous patches in his mouth and some sore throat. We will give the mother and father each an additional course of twelve injections, and the child an equal number of inunctions.

This next case illustrates a rather rare condition for a child of three years to present—namely, a chronic eczema of all the fingers of one hand, which has existed for over three months, and which from the paronychial involvement has produced nail-changes similar to those found often in chronic eczema of the adult, especially in dish-washers and bar-keepers. The child has been under the most constant treatment, the mother tells us, but despite this the flexor surfaces and interdigital surfaces of the distal extremities and the dorsal surfaces of the fingers are involved in a chronic infiltration, with decided thickening and desquamation, the skin about the attached extremity of the nails being thickened, and the nail loosened and curved upward at the free extremity. This is, undoubtedly, as in the adult, a form of mycotic affection. The mother cannot tell us just what treatment has been pursued, but until the infiltration has become very much reduced we will apply to the fingers, each being separately bound up in a five per cent. (5 %) ichthyol ointment, drawing over each finger a diminutive rubber condom to protect the dressings from dirt and water, as well as to retain the application well in place and keep up a moderate degree of pressure. In the absence of rubber finger shields, an impervious and occlusive dressing may be readily made by covering each finger separately with pledgets of cotton painted over with ten per cent. (10%) ichthyol collodion.

This next case is also one of eczema, but in an entirely different form. The boy, four years of age, presents a papulo-vesicular eczema over the whole chest, shoulders, neck, with a few scattered lesions over the face and hips, none being present upon the arms or legs.

The diagnosis of scabies is excluded by the location alone and the entire absence of lesions from the feet and hands.

Pediculosis vestimentorum is excluded by the presence of lesions upon the face, the absence of excessive scratch-marks between the shoulders and

about the waist where the clothing makes pressure, and the failure to find evidences of the pediculus or its eggs in the undershirt.

As to the form of eczema, the seborrhœal is excluded by the absence from the scalp and cheeks, and of the ring-formed lesions in the center of the chest, and freedom of the groin and flexures. The impetiginous variety is excluded by the entire absence of pustules and yellow crusts. The only complication is the blood-stained scratch-marks. This leaves us nothing but the neurotic or reflex eczema by which to designate the condition. The mother tells us that a few spots appeared upon the chest one week before the child broke out with measles. After recovering from the latter the same kind of spots spread over the whole trunk, and are now coming for the first time upon the face. We have found no other etiological factor than the measles to accuse as the cause of this reflex disturbance, and we must regard it as one of the unusual associated conditions occurring as a premonitory rash and continuing as a sequela.

On account of the severe itching, at night especially, we will order a one to eight hundred (1–800) solution of lysol as a wash, to apply twice a day and to be followed at bed-time by a two per cent. (2%) beta-naphthol ointment.

The next little patient, seven weeks of age, presents still another variety of eczema—namely, the seborrhœal form. Ever since birth the child has been troubled, more or less, with *crusta lactea*, or thick oily crusts mixed with desquamated epithelium covering the anterior part of thescalp, especially in the neighborhood of the fontanelle. For the past two weeks there has been a moist intertrigo of both groin regions, or what is in this instance properly called an *intertriginous eczema*. The condition is not limited to the folds of the groin, but extends up over the abdomen and down upon the thighs, even to the calf, as an erythemato-squamous eczema, in parts diffused with outlying small patches.

We will apply here the combination treatment—that is, a one-half per cent. (½%) resorcin and lanolin ointment for the scalp and non-moist areas, while the more inflammatory and more tender regions occupied by the eczema rubrum we will paint with a three per cent. (3%) watery solution of metlylene blue. I will here say to you, gentlemen, that of all drugs and applications found useful in intertrigo and intertriginous eczema in general, which is so common an affection in infantile life, there is nothing which, in my experience, gives so prompt and marked relief from the irritation and effects a cure in so short a time as the above.

The next patient is a young lady of seventeen, who first presented herself three months ago with psoriasis of the body, which had existed for three years; the whole forehead was involved in a combination of seborrhœal eczema and psoriasis—a combination which I have often pointed out as present in psoriaic cases, the seborrhœal element sometimes somewhat predominating and determining the clinical features of the eruption. In this young lady a patch of scalloped outline, extending from the margin of the hair to the brow, recently existed. Laterally it extended to the temples, producing so much disfiguration that, unless the hair was worn in a bang, hanging down to the brows, it would have been impossible for the young lady to go into society. Naturally a patient with such a condition is more persistent in the endeavor to get relief than one in whom the lesions are on

hidden portions of the body. Persistent applications of remedies, including first resorcin, until the seborrhœal element was largely eliminated and much of the infiltration had been removed, and then applying a five per cent. (5%) chrysarobin ointment, well rubbed in each day with the finger-tip, the excess being carefully wiped off from the surrounding skin to prevent disfiguring dermatitis and the danger of the irritation from the well-known irritating qualities of this remedy, has given a result that has been all that could be desired. As the patient presents herself here to-day she is scarcely to be recognized as the patient who applied for treatment three months ago. The lesions upon the body have almost disappeared. During the past two weeks she has been taking powdered thyroid in five-grain doses, and we will continue this for the present, but whether with any benefit it is difficult to say. It has seemed to operate with any marked degree of efficiency only in patients who are at the same time overfat.

The next three patients all present conditions of ring-worm. In the case of the little girl with diffuse ring-worm of the scalp we get an indefinite history, but this condition has undoubtedly been going on for months unobserved and without treatment; her younger sister showing the small bald patch over the temporal region, of evidently quite recent development; and a small boy with a twenty-five-cent piece sized ring over the malar region. The boy is not related to the other patients, although just this combination of scalp ring-worm in one member of a family and skin ring-worm in another member of the same family is not uncommon.

The treatment of these cases is somewhat different. The surface ring-worm we can cure in a single application with formol in full strength, rubbed in vigorously with a pledget of cotton twisted on a tooth-pick. We will apply this treatment likewise to the bald patch of the younger girl. In the older child, who has thick, coarse red hair, we will first have the hair cut off short and the scalp washed for a few days with a one per cent. (1%) solution of green soap in water, to which one-quarter per cent. (¼%) lysol is added. After this we will paint the entire area of scalp involved with a five per cent. (5%) chrysarobin collodion.

Louis XIV. was always preoccupied, even when very old, in subjects of intrigue and gallantry. He was forever annoying the ladies of his court. One day he interrogated his physician, Fagon, as to the contrast between his feelings in the morning when he first awoke in his downy bed, his platonic erection of pleasure, and his attempt at the act of coition. "What would you do if you were in my place, Doctor?" he asked. Fagon cruelly replied: "Sire, allez pisser!"

Another court physician, Dr. Bourard, was asked by Louis XV.: "How many times am I permitted to have connection?" And the physician answered the impotent monarch by saying: "As often as you think you are able to perform the act."—*Lancet Clinic.*

ORIGINAL ARTICLES.

CASES OF HEMORRHAGE CAUSING GREAT DISTENTION OF THE MALE URINARY BLADDER.

By Reginald Harrison, F. R. C. S., of London, England.
Surgeon to St. Peter's Hospital.

SOME instances of this kind that happen to have recently come together, offer material for remark relative to the prompt and direct action which the bleeding usually requires. Cases of great distention of the bladder from this cause, independently of those incidental to malignant growths, are not very common and generally occur in bladders which are muscularly weakened, either as the result of a chronic stricture or of an obstructing prostate. The forcing downwards exercised by the normal viscus is the great safeguard against retrograde hemorrhage following certain operations upon these parts. I cannot remember seeing a severe case of bleeding after an internal urethrotomy for stricture, for instance, where the patient was in possession of the full power of voluntarily emptying his bladder completely. When atonied or weakened the latter is liable to yield under the pressure of bleeding proceeding from a lesion in front of it, and then serious and exquisitely painful symptoms may be the result. In some instances the distention thus produced will assume the size of the gravid uterus at about the seventh month. The difficulty in dealing with such a condition is added to by the fact that in the instances referred to the urethra is more or less obstructed. The following cases which are briefly narrated seem to present some points of interest:

Case 1.—The patient was a man, aged thirty-seven years, the subject of chronic stricture in the deep urethra, for which an internal urethrotomy was performed three years previously and from which he derived so much benefit that he afterwards neglected to use a bougie regularly. Then the stricture began to recontract and eventually it was found impossible to pass even the smallest instrument. On June 21, 1898, an attempt was made to dilate under an anæsthetic and some progress was made, bougies up to No. 4 entering without much difficulty or bleeding. I saw the patient on the following day and found that he had passed only a small amount of blood-stained urine since and that his bladder was largely distended, reaching to a level with the umbilicus. He was in great pain and was sweating profusely. He was again placed under an anæsthetic and a small catheter was passed, but very little urine escaped. As it was obvious that clotted blood formed the main contents of the bladder and that it must be removed

without delay the process of stricture dilatation was at one further proceeded with until a full-sized Lister's bougie could be passed. A large catheter-evacuator was then substituted and a mass of clotted blood was withdrawn by the aspirator as used for litholapaxy. In this way the bladder was soon cleared. A full-sized rubber catheter was then tied in and the patient speedily recovered. Though the full caliber of the urethra is restored the partially atonic condition of the bladder continues, as there is a constant residuum of six ounces or so unless the catheter is used—the result of a neglected stricture, though in a young man. It would not have been possible to evacuate these clots in any other way except by opening the bladder either in front or from the perineum.

CASE 2.—A man, aged seventy-two years, with a large prostate for which he used a catheter, was seen by me in June, 1898, in consequence of hemorrhage into the bladder, the latter when seen being enormously distended. Some blood-stained urine had been drawn off, but without lessening the size of the viscus. Several large-eyed catheters were ineffectually tried. As the bladder was evidently full of blood-clots the patient was placed under ether and the evacuating catheter and powerful aspirator were used without avail. As it looked as if it would be necessary to open the bladder, I first passed a smooth-bladed lithotrite and broke up the mass of clots just as if it were a stone. In this way a hand-basinful of clots and urine was withdrawn and the bladder was cleared. A rubber catheter was tied in and the patient did well. This was the first time I had used a lithotrite for this purpose, but it answered admirably and made the process extremely easy.

It was suggested that the hemorrhage had, in the first instance, been caused by the catheter. I do not believe that this was so. I have seen many cases where old men apparently bled into their bladders instead of into their brains. I refer to instances of vesical apoplexy which are not uncommon. One patient, now aged seventy-five years, whom I have known for some years, has had his life prolonged, I believe, by this less dangerous substitute for cerebral bleeding. Hence in some of these instances, a "masterly inactivity" is often indicated. When, however, the bleeding attains the proportions stated in this case interference becomes necessary. Failing with the lithotrite there did not appear to be any other alternative than that of opening the bladder above the pubes. The use of the lithotrite, however, proved to be the solution of the difficulty.

CASE 3.—A man, aged forty-seven years, came under notice at the hospital in November, 1898. For some weeks he had been attending as an out-patient for the purpose of having a No. 6 bougie passed for a contractile stricture in the deep urethra. On the day in question a No. 7 flexible bougie was passed. There was some tightness and a little bleeding followed. The patient returned at night with almost complete retention and with the bladder greatly distended, apparently with urine but, as it proved, more with blood and clots. The house surgeon succeeded in emptying it with an evacuating catheter and aspirator. On the following day the amount of distention and pain was as much as before. As the bleeding was unchecked, and as it evidently proceeded from the strictured portion of the deep urethra, I had the patient placed under ether again. I passed a medium-sized grooved staff and performed a perineal section, dividing the stricture in the median line. A large gum-elastic, rigid drain-

age-tube was then passed into the bladder. About two pints of clots, blood and urine were evacuated, and the bladder was washed out and the tube was fastened in. For this purpose I use incompressible tubes[1] which were made for me some years ago by Mr. J. W. Wood, of Liverpool. Being rigid, in case of bleeding from the deeper portion of the section it enables the surgeon to pack round the tube with gauze without interfering with the constant flow of urine from the bladder. This was not necessary in this instance, as I took pains to make the section through the deep parts fit the selected drainage-pipe. The tube was removed in seven days and the patient was able to leave the hospital in three weeks with the wound soundly healed. His stricture has been greatly benefited and he now has a full-sized bougie passed when he applies as an out-patient. Here the single proceeding that was adopted at once stopped the bleeding at the spot from which it came, allowed the bladder to be emptied of a mass of clots which could not otherwise have been readily disposed of, and considerably improved the condition of the stricture. Digital exploration of the bladder, as Sir Henry Thompson described it, has reduced to simplicity the old perineal section without restricting its application.

I may here incidentally refer to a somewhat curious case of prostatic hemorrhage and vesical distention recently seen. It was the case of a patient with prostatic enlargement who was entirely dependent upon the catheter. Whilst traveling to the North by an express train he had occasion to use his flexible catheter in the lavatory department attached to his carriage. Just as he had inserted the instrument and as the train was passing over some points he was thrown with great violence against the side of the carriage before he had time to withdraw the catheter. He felt hurt and faint and considerable hemorrhage by the urethra followed and continued with much distention. I was requested to go down to see him with his medical attendant a few days afterward, and I found that he had suffered most seriously from the injury. The distention had been relieved by the catheter, but the wound of the prostate, from which no doubt the hemorrhage came, was followed by a sharp attack of epididymitis; the patient, however, made a good recovery. From the examination of the circumstances connected with the injury it was a marvel that the patient escaped a ruptured bladder. The case is not without its practical aspect.

[1] Figured in Surgical Disorders of Urinary Organs, fourth edition, p. 104.

Menelik, the negro negus of Abyssinia, has become enamored with medicine and surgery. The favorite amusement of the negus is to pass his time at the hospital erected at Adin-Abcha by the Russians and there assist at surgical operations. The chief surgeons, by their skill, evoke cries of enthusiasm from the king. His greatest joy is to act as surgeon's assistant, and when he holds on a limb or an arm of some patient about to undergo an amputation he is ravaged with ecstasy, and exclaims: "Oya gut! Oya gut!" (admirable! admirable!). The King of Ethiopia keeps thoroughly informed as to all that goes on in the hospital, and would rather miss his dinner than miss seeing a capital operation.—*Lancet Clinic.*

REVERIES OF A RAILWAY SURGEON.

BOOH–H–H–H! Winter is here indeed; 'tis a cold night; bustling, shrieking December winds. Phew! listen to that deep, roaring, mumbling, shrieking, howling gust! 'Tis like a mad fiend, bustling, beating for entrance against the house walls and windows! Oh! oh! ho! you are baffled. I care little if you roar, growl, and sulk away. Aye, shake the universe without; you'll not be admitted. Well, well; a hearth of your own is worth more than gold: with loving hearts within, 'tis wealth untold. Surely, bright burns the fire where content and love bide. Aye, aye; sparkle and glow, my fire; cast your changing and flickering glare, and make what shadows you please in flitting red hues of comfort. Yes, I would rather be king of comfort than czar of the world. So, so; all hail to thy genial warmth, O my fire! for thou art indeed welcome when roaring December winds, crispy tinklings of frost-bound things, and pendant icicles are without. Ah, this is comfort: work done, nothing neglected. Well-earned rest is gained. Well, humankind is much the same in many things. With the clattering of wintry winds and the glow of pleasure, then come musings. Aye; here, then, there is need of thoughts that breathe, but not words that burn. Here revery; let thought bless and flit across an easy mind. Come, mine easy chair! So thoughts purl and flow, there's no need of strain; for thought can come to the tuneful flow of a quiet heart, and the soothesome sense of ease and comfort. Sweet is the hypnosis of ease.

Humph! humph! you are violent, my friend, the storm. Aye, 'tis a harsh night. God grant that I am not called out this night. Yea; deeply, too, God grant that I am not called out to see some poor, maimed, torn and bleeding sufferer. Heavens! this night is harrowing enough without being mixed with pain, anguish, and agony. Well, away with these gloomy forebodings; for sufficient unto the day is the evil thereof.

So, what care I if I have not the world's wealth: I now have a world of comfortable ease. 'Tis strange—nay, 'tis withal natural—for comfort and suggestive wintry wind to bring thoughts in comparison's train; for here it is, that no sooner do I feel contentment and comfort's glow, than thoughts come. What would I and others do without fire such a night? How many are the poor, weak, and needy who suffer from this stringent night! God help them! December, the month of mirth, the month of gladness; the last month of the year. Well, well, well! time creeps on apace; for I have passed many Decembers. Yes, a doctor for more than thirty years! In some ways the time seems as ages; and then, again, as only yesterday. How little do we control our destiny! Perhaps 'tis an untold blessing that it is so. Yes, had we the acumen to see and determine every ever-acting, powerful, and unseen force, our destiny might be different. But what then? Would it be with us as good as it is now? Surroundings and circumstances are the great moulders of destiny; twist and play with man as a leaflet in the vast ocean of time as God wills them. Still am I led to think that the goddess of destiny more often dwells in a man's head than elsewhere. As for me, as time has come and gone, I have noticed that when men act honestly (all things being equal), those who work dili-

gently, strive industriously, bear and forbear; who glorify not themselves, and practice charity—*they* have begot a good destiny. Aye, in my life I, too, have noticed that the most unhappy men are those who are not content to live with the things of earth, but must in curiosity peer into realms beyond men; who study self, cause; who study about soul, heaven, or hell, and the endless chain of self-deluding, speculative themes. Truly, men who live in a realm of *fact*, live in a realm of solution; but men who live in *theory*, live in a realm of unsolution, presided over by a wearying and nagging tyrant.

Yes, I know that on earth was I brought through no will or wish of mine;
What I've done in this world I have honestly done, its objects I strive not to divine.
Yea, God's purpose I ne'er deeply questioned: that I am as I am appears natural to me:
I've enacted my part as life's forces compelled—the verdict I accept, whatever it be.
I complain not at God, I grumble not at man, for I am contented to live and to act;
I made not man, then why need I harshly condemn him, in thought or in fact?
Charity to me is sweet, holy, and high; the noblest, grandest God-given command;
For I know that kind, good, and charitable souls are at peace with God, self, and man.

Well, here let us pause; 'tis useless to trudge in these lines. All thinking men have their beliefs, and it appears that Cæsar is right when he says: "Men willingly believe what they wish to be true." So, let it rest at that.

Well, anon, let me see: I have been a railway surgeon now for over twenty-three years. Truly, much have I seen during that time. Yes, what a position has the railway taken! It has become the rare and ponderous power in the making of any country. "Despatch is the soul of business," says Chesterfield; but the soul of despatch now seems to be a railway train. Trade's proud empire hastes on swift wings of steam, and her domain has become almost endless; for true it is that railways now time the world's pulse. But, in my work, the railway is like war—becomes the feast of death or leaves scars. Ponderous in power are railways! Yea, the most perfect and ponderous power the world has ever seen—mechanical power, the monster giant of power and energy, to do the bidding of a babe; huge in power, huge in blind obedience; a dull metal monster of obedience; a hideous horror—in destructive energy crushing all alike, as its maker gave it only one element of soul, and that is *to do!*

Aye, take war or any other great source of injury: none beget more horrible and definite injuries than do railways. For death is in their wake, death comes in all of its phases. Yea, death swifter than any shadow and far shorter than any dream. Yea, the railway is the wretch that does the injury in its ponderous energy, its swift execution, and with

its millions attendants thrive in wounds. Wounds upon railways are indeed many, little and great, and of any and every phase, the incised, the contused and lacerated, the punctured and penetrating, the poisoned, burns and scalds in every shape; and at times every character of wound above enumerated is to be found upon the body of a railway victim. Yea, 'tis bad enough to lacerate thy flesh, tear thy muscles, grind thy bones, and yet have railways inflict injuries upon thy brain and vibrating nerves. For oft it is that emotional elements in the infliction of injury affect the acute sensibility of some as to make woe more woed. Yes, those emotional souls who mould their feelings to act like pith balls at the touch of electricity, whose acute sensibility of nature permits nerve impression to run riot and like a high-heated, thin glass ball, when touched by zero, flies into almost imponderable elements. Thus it is every tissue, every element of tissue and injury are inflicted by the railway—neither body nor soul spared. Yes, 'tis said that a fly, a mosquito, a grape stone, or a hair may kill; but 'tis not *may* with the locomotive and cars, but will, and does. Yes, yes, yes! indeed I have seen many a victim of the rail, and I can say with truth that I do not remember to have seen a single coward amongst this many when in the presence of death. Railway men die as they live; they accept the inevitable as they have accepted all discipline; if it must be it must be, and that's the end. Yes, and oft as I have met death in these men, the dignity of their bearing, their calm resignation, and their unflinching courage has been a source of wonder and admiration. It leaves the impression that human nature is in some manner God-endowed to meet with due dignity the surging of life through the gateways of death.

For oft has come the thought that grave, profound and violent injury makes many men heroes in the presence of death. Yes, you may study the pages of history, depict the grandeur of death, of the world's good and great, but death is the pre-eminent domain of democracy; and the railway servant meets death as bravely, as nobly, and as grandly as any man. For this little world of railway service has in it naturally the philosopher, moralist, besides abundance of manhood and courage; for all of these are not confined by space, domain, or vocation. To me there is in the general personnel of men in the railway service the highest intelligence, the most intense and acute activity. They have in their midst sound philosophers, truly sensible moralists, and men who are filled with audacity, push, energy, common sense and the strongest elements of every phase of thought which exists in the world's domain at large. Railway service is a vocation of action and contact; it is deep in human nature; 'tis a vocation overflowing in goading elements of education; aside from this fact, the railway is a wonderful "mixer;" a medium of communication which brings the highest and the lowest in contact. As an educational factor for the masses of mankind 'tis better for them than even books; 'tis as good as the sweet, expressive face of a mother when she teaches the babe the moving thoughts by her face's ever-changeful by-play. Yes, truly, my life as a railway surgeon has shown deeply the varied phases of life, and that, too, amidst surroundings as tragic as tragedy itself, and as full of pathos and comedy as any sphere of action. Well, well, well! I indeed can well remember my first work as a railway surgeon. I started out with a full quantum of youthful zeal, quick response, and easily-moved sentimentality. I was

quick to notice any and all things which had a romantic or a ludicrous tinge; I was professionally and assumably grave. I strove to act my part as best became a gentleman who followed the serious business I was in. I earnestly endeavored to help and console the injured, advised and felt deeply for the afflicted family, and was particularly conscientious not to interfere with the religious and other beliefs, but to act my part solely in the role of an earnest, zealous medical attendant.

Woman with me at that period of my life was indeed an adored, an honored object; and if I ever took anything deeply serious, she certainly was taken in the most serious light, and entirely different from what she was in reality. Yes, in my heart I say, God bless her. My earlier thoughts made her an unnatural being, but my more matured thoughts have made her more natural; and again I say God bless her, for she now to me seemeth sweeter than ever. I never will forget upon once in my earlier days of being called to see a gravely—yes, a deathly injured man. As I went in the freight room of a station house I saw a weeping figure kneeling at the side of a rough car door, on which was placed the injured man. I examined him and soon found that the bell of the sepulchre was even then ringing for him. As soon as I announced that he was dying, the kneeling figure straightened up and brought to view as sweet and as handsome a face as I ever beheld. She cast her eyes heavenward. Her eyes were large—yes, veritable twin orbs of beauty, superlatively brilliant in the intensity of her feeling—and from their quivering lids tears as brilliant as the stars or flitting diamond dropped upon the rose-hued skin of her cheeks. That face to me was then the most beautiful picture of sorrow I had ever beheld. From the graceful forehead to the shapely and quivering chin 'twas an expressive thing of beauty and sorrow. Then, with a voice as sweet as the sigh of an angel, and as touching as the ravishing warmth of love's first kiss, she cried: "My God! my God! can it be? Oh, my darling! oh, my darling! oh, my poor darling! Oh, my poor, poor Gem! Heavens! I cannot stand it. I will die, I know I will die—yes, and I want to die!" Then, with an intensity that frantic grief can only give, seized his begrimed, disfigured and bleeding face between her hands and showered upon it numberless kisses. Her tears fell in streams; grief shook her frame; then in her agony and despair this sweet, beautiful, mournful thing fell in a faint to be carried from the presence of her sorrow. Heavens! all the day through after this occurred I saw that face; there unceasingly flashed before me those wonderous eyes, glorious orbs of ravishing beauty; yes, that sad, handsome face and her sweet, pain-tossed voice haunted me all the day through.

Yes, I even mourned as though I had met sorrow myself. This touching scene stayed within my emotional soul until a certain thing happened. It was, I believe, some eight days thereafter a fellow-workman of Gem's came into the office. Naturally, I talked to him about Gem's death and dwelt somewhat lengthily upon the intense grief of Mrs. Gem.

"Well," said my friend, "Doc, her grief didn't last more than a minute. Old St. Peter's ink hadn't hardly dried from putting Gem's name down on the pay-roll before Gem's widow was sure acourting. Why, of course, Doc, I thought you had heard that she married. Yes, married the lawyer; you know him" (a talking brakeman, so nicknamed by his

fellow-workmen, owing to his profuse vocabulary); "married three days ago, and now she is billing and cooing like a well-paired dove on a holiday. Oh, well, I guess not! the lawyer has got a good thing—three thousand dollars in cool cash—that's money from Gem's life insurance—no kids, and a pretty piece of calico as you want to see. Pshaw! he's living on Easy street, don't you forget it, Doc; he has stopped braking already, and going to start a gin-gin boudoir. You bet 'twas quick; made connection without any miscoupling. Yes, she cried well, but she's a daisy; but a woman's salt-drops wags more men than they do lamb's tails."

Tears, brain-made drops from eyelids' restless, quivering wings,
Glinting orbs, vanishing globes, tremulous glow of soul's true feeling—
Woman's tears, psychic streams fresh from depthful center of soul;
Emotion's will, feeling's thrill, aqueous enigmas of suggestive mould.

Well, well! we've all got to learn, and I never knew of any one who had learned too much; but the more I learn about woman, the less I know. But I agree, as a general thing, with Aristotle, that "learning is an ornament in prosperity, a repose in adversity, and a provision in old age;" and, heavens! this to me particularly applies as regards woman.

Knowledge of woman by study must be won,
Such knowledge is ne'er entailed from sire to son.

Occupation is a rare trainer; it is the efficient power behind a special skill; and in no vocation that I know of is it more true than in railway service. Merit is an irrepressible thing which in railway service rises to view in surety and as plain as the markings on a semaphore. Indeed, if well studied, there is a constant source of wonder regarding the education of the five senses in railway men; its extent of development serves to truly indicate its capacity. Here's the engineer of a locomotive. As a general thing, they assume more or less of a type in appearance, generally possessing strong, compact, well-knit frames, bulging in muscles; faces are firm, well-set determination. As a general thing, they have faces of well-marked strength; no indefinite lines wrinkle the contour, but lines deep and positive. He is a creature of reserved power, concentration, activity, and pronounced action. You would naturally think that this man's nervous sensibility was rather dull than being exalted, but you will find it as a general thing that they are instantaneously responsive to the slightest stimulus. Yet 'tis true that no one has finer trained senses more quickly responsive than he has. No housewife ever made has nostrils keener to smell, eyes quicker to catch any unusual element, ears that flash sound to responsive brain. His eyes gather in minutia and detail with marvelous celerity; every nerve in his body has been slowly but surely educated to respond in an instant's call to the deep needs of his calling. All of this comes from self-protection; and self-protection still in these days stands as nature's oldest law and makes all men handling doubtful and dangerous power exercise every function with well-studied diligence. It is said that the brain is a mass of nerves in the aggregate, and that all nerves are essentially brain-like in character, and that their only difference is in the size

of the mass; and it seems to me that in the cultivation of nerve sensibility in the engineer, that he has petty brains all over him which instinctively interpret physical effects.

Again, the engineer has so educated his hearing that he can hear readily amidst the most ponderous noises—hear a seemingly small errant clink of a piece of machinery which would be impossible for the normal ear to hear; see objects and determine their character with wonderful certainty, even when they pass him in a flash. His nostrils have become so educated as to enable him to determine with unusual celerity the smell of a hot box or a drop of attar roses. Yes, indeed, if I could only remember them all, I could tell many remarkable stories emphasizing the development of the special senses in railway men. A superintendent happened to be on a locomotive while in transit. He was sitting in the cab opposite to the engineer, when the engineer suddenly spoke up and said: "I smell a hot box; 'tis near the middle of the train." Nothing more was said, when, shortly after this, he again casually remarked: "I smell another hot box." Upon which the superintendent said: "Nonsense; how can you smell two hot boxes at one and the same time?" "That's easy," said the engineer, "I can smell the hot, greasy smell of the first hot box, for that's got black oil in it; the other hot box has dimick in it, and dimick, when 'tis hot, always has the smell of burning rubber." Upon investigation it turned out to be true. Yes, indeed, the study of mentality in any direction is always mixed with peculiar and interesting mental states. It has always been my custom to talk with men about their business generally; then there is no effort on your part to interest them, for they simply become interested in the stories of their pursuit, hence both parties are easily interested. Many of the stories that I have heard about this or that engine being hoodooed in fact, about locality, bridge, trestle, or other material things being persistent and fated in deathly accident. Yes, to me for a long time it was a strange thing to hear the stories related by firemen concerning their engineers. Many of these stories pointed to the fact that there was some unusual mental condition. I had became thoroughly acquainted with an engineer, particularly a man of unusual intelligence. We had been conversing on the subject of hypnotism, when I said to him that a certain fireman had detailed to me in the stories about a certain old engineer who had indicated a peculiar mental condition several times, and generally took place at the same spot on the road. "Now," I said to him, "it would seem that as a general thing, engineers are in the habit of, for self-protection, gazing at the track intently in front of their engines, in order to see that there is no break in the line of rail. Now, I want to ask you, whether or not you have not felt at times as though you were far away—distant in mazy thought—completely oblivious to your immediate surroundings?" "Yes," said he, "this is particularly the case on night runs—long tangents. I have felt just as you express, and what I would think would be the same as a hypnotized person would be."

It is the concentration of gaze upon limited space, along with suggestion, which produces hypnosis; it is the concentrated gaze upon the rail by the engineer which produces upon him an auto-hypnotic condition. In fact, every element is conducive to this condition of mind. The engineer sits upon his seat, holding the lever; gazing out of the window with concen-

trated gaze ahead of him, he is muscularly inert and for the time-being is a psychic creature. The fireman is constantly passing from cab to tank in order to put coal in furnace, hence the nature of his business keeps him in action and wide awake; and if it was not for the fact of the imposed duty of the fireman making him alert, there is no doubt to my mind but that auto-hypnosis would cut a considerable figure in the history of accident. In fact, here is where united action of the five senses of two men act constantly for the protection of one another. Most all of the employés in train service are marvels in nerve education; it can be safely said that it is a wonder when errant machinery is not discovered. Yes, indeed, this inherent motive of self-protection and impelled education is far better than any mechanical device. It has been said that great and sudden changes, though for the better, are not easily borne. This may hold good in the vast majority of things, but it certainly has not been true as regards the changes which have taken place in surgery.

Aye, indeed, it is glorious and gratifying to see the improvements in surgery in twenty-three years; for, almost like a heaven-bedecked dream, the horrors of trivialities—I mean trivial injuries leading to death—have passed away. Heavens! shocking indeed was the by-play of poisoned wounds; how rife they were when I first commenced. The insignificant beginning of some slight injury bulged into shocking, deathful tragedy from blood poison; then a crushed limb invariably meant amputation, hence cripples became numerous and constant. Thanks to the God-inspired brains of Lister and Pasteur, injuries are now treated almost painlessly and with certainty of effect. Hideously crushed limbs are now saved if but a blood supply exists. Yes, thousands of individuals, gravely injured, are now living uncrippled, and as monuments to the efficiency of aseptic and antiseptic surgical treatment. Surely, there is not now one amputation where we formerly had twenty; suffering has been lessened; in every phase of the treatment pain constantly avoided in the most ready manner. Even with the rapid pace in railway improvement it has not passed the wonderous improvement in surgical treatment. Here, indeed, progress did not depend upon the bounty of nature but upon the energy of man. Organization is the soul of any effective service, and none more so than in railway service, for every step in its course is directed by brain; system and celerity are the motors, for chance has no voice in railway management. A wonderous organization controlled by brain, guided with the aid of a series of great vibrating nerves which brings distance to actual contact for thousands of miles in an instant's time; yes, these throbbing, vibrating nerves flash potent intelligence quicker than oral utterance. This railway brain is responsive and effective—a throbbing, living, active thing of rapidity and fact. Yes, yes, indeed, I well remember when I first commenced as a railway surgeon necessity called the surgeon; no system existed; necessity was ever the immediate fact; whatever came handy was brought into immediate use. Yes, I have seen a goodly number of men brought to me on car doors, uncovered, bleeding and filled full with combativeness and drink. Yes, the injured man's fellow-workmen in their misleading sympathy oft used whisky to intemperate excess, giving it in unstinted quantities, and not infrequently the acting cause of death; for a heart which, owing to the shock, had already lost its

force was now striving through rapidity of motion to make up what it lost in force, and stimulants being poured down the injured man's throat simply made his heart beat itself to death. All of this is now different. Whisky, unregulated, is a poison. In shock, pure hot water or coffee are infinitely better. The chief surgeon of a railway hospital department now guides and governs the handling of the sick and injured. Local surgeons are stationed upon every fifty miles of road; rule and regulation, system and order, celerity and dispatch, characterize the handling of the injured railway employés, and it is fully up and abreast with other executive work of the railway. Reports of every case of accident is immediately sent to the chief surgeon's office. Well, 'tis hardly necessary to go into detail, but it is strange to note how, in the filling out of local surgeons' reports in accidents, they give almost a current history of surroundings and circumstances: thus these reports tell whether the injured person is an employé, trespasser, or passenger, age and social condition, manner of injury, by what particular part of the machinery, what part of the body, what the injured person says was the cause of his injury in his own exact words, the character of the weather on the day of the accident, at or near what station, the proximity of the accident to a mile-post, trestle, bridge or telegraph-pole, the dialect of the parties engaged, condition of party, whether drunk or sober, the existence of labor trouble, the hanging of a man by a mob, homicides, or whether the party committed suicide or not; in fact, these reports give almost a current history of events such as are likely to occur during a year.

Yes, yes, indeed, nature is very deep—I mean human nature; and in my school-boy days I remember an old Greek proverb which ran thus: "You may cast out nature with a fork, but it will return." I remember my uncertainty, too, as to whether the fork here mentioned was a table or a pitchfork—not knowing at that time that you might crush man all to pieces with railway wheels and still his nature will not down, for it shines out as strong and as bright as ever. Yes, nature is deep, and as definite and as well-rounded an entity as life itself; far more positive and frigid in outline than the pyramids of Egypt, and acts its part with inevitable certainty. It is particularly deeply and conspicuously manifest in the case of personal injuries; nature, God taught and God endowed, is stronger than all education, for the torn muscle will quiver, the ruptured blood vessel bleed, and lacerated nerve pain. Oh, pain, what a definite mystery and still more definite actuality you are! Pain! our only cause of suffering, whether a physical rupture or goad, or a soul's distress; aye, the wage and penalty of man's creation, being and life. Yea, pain, which touches all life and only stops with death; for man's nervous system marks the most definite things in life, and as well marks those interminable lines where man wells into existence or drops into death. Well, of course, violence is ever the true begetter of pain. I do not believe there is any phase in the whole life-history of accident and injury presenting so many strong, inevitable consequences and actions as are presented in railway injuries. Through our brains and through our nerves do we have feeling contact with the outside world; if injury be profound enough, as in crushed limbs or other parts, we find a constant part acted ever the same upon injured persons. The skin is cold and pale, the heart beats

quick and weak—this ceaseless organ is now shocked and dazed: it strives, like a belated thing, to make up in rapidity of beat what it has lost in strength—the breathing becomes labored and halting, a death-like, sickening feeling wells o'er the frame, the throat and mouth are dry, the voice husky, the eyes seem sunken and lusterless, the intelligence is dazed, confused, death-touched, relaxation seizes every part of the soul and body.

Mental emotion affects the entire system in as positive and as grave a manner as the most profound physical injury. 'Tis natural where we see torn, lacerated, crushed and bleeding parts to expect death; but to see death come where no visible injury is manifest, ever presents elements which are shockingly unreal. Yes, it is indeed true that it is on railways where we most often see combined mental and physical shock. Emotion is the base of life's sweetest pleasure. Anon, it becomes life's most hideous work, and as inevitable death as total ablation. For 'tis ever constant truth that men are killed with as much certainty through their souls as through their hearts. Nature can only suffer so much; merciful construction has drawn the limit in this body of ours, for we can only bear so much pain, be this in the shape of physical injury, mental shock, or when combined—combination ever means inevitable death. Why, yes, let me see—no, I certainly am not wrong, but rather underrate, when I say that in my twenty-three years I have seen, certainly, several hundred human beings die from shock and collapse in railway injuries. Shock is a profound disturbance of the central nervous system. Yes, a profound and deadening commotion of cellular action. Collapse is nothing more than an utter loss of all nerve response and force. Well, well! 'tis natural that tragic incidents prod our memory, for oft it is that their outline is marked in blood and grewsome sad change. I remember well the sad fate of J. D., and if I but tell it aright it will truthfully depict the great majority of cases which die from profound shock. J. D. was a bright and prepossessing man, whose bustling energy, hearty way, brave course, and kind, big-hearted nature made him a general favorite. Never idle, and, strangely unlike the majority of railway men, never indulged in gossip; and, as a fellow-workman said of him: "In the years I have known him he never took woman's name on his lips trivially; no one ever heard him speak harshly or impolite or impatiently to any woman or lady; and, indeed, no braggart ever faced him that would dare do it again. Fear he seemed only to have for woman and the aged; and as regards his duty, certainly no one would sooner uphold the weak and defend the oppressed. He was charitable to all—a man made for a leader, and made for a better destiny."

He had risen to the position of a passenger conductor; had saved his means, bought a little home and married, and was the proud possessor of two children. It happened as he was passing in the yards along a track he saw an engine ahead of him, when he stepped over to another track to be immediately run down by an approaching train. Both of his limbs were crushed close to the hip-joints. When I arrived he had been taken to a house near by, and through the thoughtfulness of the lady of the house a clean, white sheet had been thrown over him, covering all but his neck and face. Nay, this is not said in any other feeling than that his condition was one which, to the unversed, was a complete enigma. Any man who had not gone through this experience would have viewed him, as he

lay there, as being but slightly hurt: his countenance was bright, clear, and pale; his eyes alert, dancingly quick, and almost intensely expressive, yet such as not to suggest for an instant the sad intensity of his injury. As I entered, recognition was instantaneous. "Why, hello, doctor!" in a voice loud, brisk, strong and concentrated. "Pshaw! what did they bring you here for?" "I am not hurt much. See my arms are all right, and my legs, too. Why, old man, don't look so worried; I will get through all right; this is all foolishness. Here, Jim," to a companion, "run up to the house, and don't let anybody get there before you do, and tell my wife that I am a little hurt, but I will be home soon." His nature sparkles in quickening, quivering glow; a word to this one, and advice to that one; every sense fully alive and active, except the consciousness of the extent of his extreme injury. Intellect and psychic perception unphased. Yes, complete; and yet his condition is almost as antithetical as the Kaffir proverb, which says: "The wonderful and improbable have collided." Thus life is defined as the time in which the human soul and body are united. Death is where we have extinction of bodily life. Now, then, right in this case this human soul is as plainly separated from this body as almost in complete death, for this man only lives in his brain. Yet life he has his heart, it scarcely flutters; 'tis as but where every bit of his blood that is living, every bit of his vitality, has left his body to bide momentarily in his brain.

He is certainly dead, if death means extinction of bodily life. For true it is, that if there ever bides on earth, at any time, a true and pure psychic existence, this is one; for here, indeed, bides a living soul in a dead body. A strange anomalous condition is, indeed, his; and his spark of life has an indefinite and momentary stay. The very brilliancy in his spark of life only insures its rapid subsidence and extinction. But stop, now, I pray thee; come closer and note carefully his countenance: the paleness has become brighter; large drops or beads of perspiration now hang quiveringly on his brow, and then coalesce and almost become a stream. Note you, now, how shallow his breathing—his chest scarcely moves; for the first time anxiety seems manifest upon his face, when suddenly he says: "Here, here! turn me over. Oh, please do that!" "No, no! you had better lay quiet for awhile." Then like a child he pleads; with a voice rhythmed in sincerity and expectant conviction he begs; this being unnoticed, he now commands, then come threats. Suddenly he cries for water; it is given him. "More water!" he says. "Oh, my God! I'll die unless I turn over. I am so tired, so tired." Here an effort was made to turn him, when he says with a sigh: "That gives no ease; that's no better; more water." He now unconsciously vomits, and ere his lips are dry instantly asks for more. Yea, sensation has ceased with lips, mouth and throat. Water, to him, cannot slake nor ease his deathly thirst. Now get you closer: notice that his eyes have lost their intensity; his voice is not loud, but husky; as you stand and gaze at him you will see the alæ or wings of the nose move as he breathes like a solid, white mass. Yes, yes; indeed, of all the signs that I have ever viewed upon a dying face, none are more infallible, as regards the approach of death than the white, solid mass moving of the wings of the nostrils. The end is very close. Water called for again and again, and spewed out

as fast as given. His chest is motionless—he now breathes with his throat; his eyelids spring asunder; a spasm comes and twists his head to the side into the pillow; a gasp, a sharp, quick convulsion, and death is come. Truly, the brain of man is but a wonder, an unceasing wonder, from cradle to the grave. Yes, in its every phase, strange. Again, now, how delirium comes in its strong, deep and marked elements. I will never forget poor Mack.

He was a hostler; yes, a herder of engines, a good Christian, a zealous Catholic; known by all as being unusually devout and free from profanity. He had been cruelly crushed under the wheels of an engine, and knowing he was dying I sent for the priest. He, the priest, was conducted into the room to give Mack extreme unction; he had not been in the room long when he suddenly emerged, looking absolute mad and indignant. "Why, doctor," said he, "this is an intolerable brute; I am not called upon in the nature of my duty to listen to such profanity. His mouth is filled with oaths; he has cursed and reviled God and man; he has cursed me and told me to leave the room. Such profanity my ears have never before been shocked with; 'tis, indeed, horrifying. "Aye, Father," said I, "this poor soul now needs your prayers more than ever; and if God ever made a pitiful object, this poor maimed and crushed man needs your pity more than your condemnation. No man in any insane asylum is more justly or more deeply crazed than he. Yes, Father, pray your best, for this man's mind has gone in his great and pained suffering." The Father returned, and, like the good man he was, prayed devoutly and willingly amidst the most hideous oaths and curses, knowing that they were uttered by a poor shocked and ruined mind.

Poor Tim S. had played with a glass or its handle so often that he once took o'er too many drinks, and, in a befogged condition, was run over and deathly injured. Death came, but not before his delirium. In his half-conscious state he recognized the priest. A thought came to his brain and stuck there, and never left till his death; for, to any and all questions put to him by the priest, there came from him but a single sentence, and that was, "I am a railroad man, won't you forgive me?" This repeated innumerable times, for his brain was like a wheel with a broken cog—it needed time to strike the cog; and when it did strike this cog it came out in pleading, mechanical and discordant tones: "I am a railroad man, won't you forgive me?" His brain responded with each slowing beat of the heart, and its mechanical repetition produced a monotonous and ghastly effect till death stilled it.

Truly, the human frame, under certain conditions, has a resistant power which seems to be almost miraculous; yes, to me, it has often appeared that the construction of the human body is perfection as a mechanical device, and rendered additionally resistant by a quick, active and responsive brain. Heavens! I have seen men whose resilience was more than the equal of steel. Man's skin, bright, yielding and elastic, would outadamant adamant itself, and, seemingly, the most protectively resistant thing on earth. I remember to have treated a man who, by his own powerful, physical, muscular system, derailed a train of fourteen cars and escaped with only a broken thigh and a bruised body; and if you doubt this, I can produce the man and the witness, but not the cars. I was called

to see a brakeman, and expected to see a crushed limb, as I was told that the wheels of a tender of an engine loaded with water and coal, which must have weighed some eight or ten tons, had passed over his leg. After which I duly inspected and found only a simple abrasion on what he (this brakeman) called his "shin-bone." The engineer and the fireman of the engine both averred with all due and serious solemnity that they had seen the forward wheels of the engine-truck pass over his leg, and that the engine was so tilted as to almost derail it. In any event, this adamant brakeman limped about for the rest of the day, and was at work the next day. In another instance corroboration was complete and decisive, where a brakeman was knocked down by the front wheels of a heavily loaded coal car, the wheels of which passed diagonally over his thigh, and, as explained to me by the yard-master, must have weighed twenty tons. Upon examination there was plainly the marks of the flange of the wheels. This Bessemer gentleman was confined to his bed for a week. When I happened to run across him on the street, he sported a new stove-pipe hat, a moderate limp, and, as he said, "a jim-dandy jag." I had the night before examined a yard switchman, found him uncertain upon his legs, advised him not to go to work until he got better; the next night he was brought to the office with his left arm and left leg crushed off close to the joints.

He was one of those men of well-condensed and well-knit appearance; solid in every element of his appearance; a black, swarthy face of determination and combativeness. Definite lines marked his face's surface in no uncertain way; scars here and there were silent histories of previous trouble and the wonderful healing power of nature. "Hello, Tom," said I, "you have disobeyed me, and you see the result." "Yes, Doc, I am done up bad, but there is no use of crying over spilt milk; is my arm hurt much?" I then examined, and said: "Yes, Tom, both your leg and arm must come off." "Well, old man," said he, "had I known that my arm was gone, my head would have been under those wheels as sure as h——. Cut them both off, Doc, and I will fit the coffin better." This man got well, compromised with the company for ten thousand dollars, and ran through this competency with desperate ease and celerity. He was ever a marked cripple. Aside from this fact, he was in many ways especially strong mentally. From trading lead-pencils he was finally led to training birds. He slowly evolved a scheme wherein gambling constituted its basis, and made money rapidly as a consequence. These innocent birds, of whom none could talk more feelingly, were taught to aid him in his gambling, and in summing up the result he said to me: "You bet, Doc, I gets a plenty; yes, dese green fools and jays and country grays gives me plenty. I pockets the stuff and keeps it." He was an ingenious individual, and came to me once and in a grave, plausible manner said: "Doc, I don't need much to start this bizz, but you bet there is money in it. You see, Doc, I seed a fellow out in Kansas; he's got both legs off and his left arm off; then there is anoder fellow here in town what's got both legs off to his rump, and he only walks with his hands and what he sits on. Now, den, I've got one side of me cut off, so I just advertise and say: 'Come one, come all, and see the great curiosity; here's a man what's sawed off all around, here's a man what's sawed off in the middle, here's a man what's sawed off one side, and dese three men has only as many legs as one man has.' You bet she will pay, Doc, and if I does well I will 'divvy.'"

Unfortunately for my financial betterment, the show never materialized. Tom drops me a letter now from Bangor, Maine, then from San Francisco, detailing in very poor orthography, but in terse and picturesque description, how he is "gulling the jays and grays." Truly, a vocation which employs men by the thousands—yes, hundreds of thousands, and even in millions' realm—is a little world in itself, and as full of human nature as the great, big world without. Yes, to me the railway is a stage filled with quick-shifting scenes. Great nature makes the actors who work, strive, eat, and drink, scheme and plod, to act their part, as ordained by God. Come, come, my worthy self, 'tis late; an inch off of this next hour perchance may take more than a foot from this night's rest. Some one has said that the less a man sleeps the more he lives; and I would add, the quicker does he die. So good-night to reverie, waning fire, and roaring wintry winds.—WARREN B. OUTTEN, M. D., St. Louis.

PROPER FOOD FOR SCHOOL-CHILDREN.

By MRS. JOSEPH WEIR, of Webster Groves, Mo.

When I was informed of my subject for this afternoon, my first thought was, shall I tell my friends to do as I say and not as I do; as it is sometimes impossible to practice that which we would preach or to do as we would like.

I am sure all of us have little ones who have their likes and dislikes; and reason as we may with ourselves, if a certain food is distasteful to them, it seems an imposition to insist upon their eating it, for although they are but little folks, their world is as large to them as ours is to us, and their fancies as dear.

How much we regard the likes or dislikes of a guest, and strive to prepare that which pleases them! So it is the duty of a loving mother to strive to find that which will tempt the appetite of her little one and nourish him at the same time.

Food which is distasteful prepared in the usual way will, if varied, or made to look tempting, excite the curiosity of the little folks, and we will often be surprised by their appreciation of it.

In claiming the above it is not to be thought that the mother's good judgment is to be sacrificed to please the little one; but that same good judgment combined with a desire to please will work wonders.

We are only children grown up, and we all know how delightful it is to open a package from a friend or dear one which we know has been prepared with loving care and thought (how much pleasure there is in anticipation). So I would suggest, those of us who have lunches to prepare for little ones, or grown ones, to have a little surprise in store for them; the sandwich to be varied and to be wrapped daintily, and when possible some kind of fruit for the "afterwards," as my little ones speak of desserts.

Lunches at their best are poor substitutes for the meal at home, and

[1] Read at the meeting of parents and teachers at Webster Groves (Mo.) School, December 15, 1898.

whenever it is at all possible children should go home at the noon hour; not only is the food more inviting, but the going and coming are refreshing—and a change of scene is a rest to the mind.

Circumstances should be adapted to children and not children to circumstances.

Mrs. Rorer claims the apple to be the most valuable of fruits. She says: "It has been my observation, after most careful experiments, that both children and adults who eat freely of good, ripe, mellow apples, either raw or baked, and *with the skins removed*, are free from various forms of indigestion, liver trouble and constipation; a scraped apple is more easily digested than one partly masticated.

"The skin of an apple is no more desirable than the outside bran of wheat.

"The ripe, mellow peach is really the only fruit for children. The banana, in its true home, where it becomes mature before picking, forms an important part of the diet of the inhabitants. Many varieties, however, used there in an uncooked condition, will not bear transportation, consequently those which are sold in our markets are of an inferior variety, picked long before they are ripe or mature, and the ripening of which is almost a premature decay; they are exceedingly difficult of digestion, and children should never be allowed to eat the ordinary banana unless cooked. Baked bananas are very popular. Fried bananas, as well as all other fried foods, are to be condemned."

Candy, if it is pure, is good and wholesome. It is to be given in moderation and *only after meals*.

Beware of the candy which is dealt out to the children so liberally, either as a present or so much for a penny or a nickel. It is impure and injurious; its only redeeming point is in its coloring, and we all know what is employed to produce that.

Avoid the children eating between meals as much as is possible. The habit once formed is hard to break. When that hungry time arrives, if it be possible, try and divert the little one's attention until the time for the meal. And how much better it is then enjoyed, than if pieced out from one to another!

On the whole, it is to be recommended that a child's food be simple, well-cooked and of those forms of food best and easily digested.

Some fruit for breakfast, baked, stewed or whole, followed by one of the many cereals to be had (and just here let me say if oatmeal or rolled oats is to be used, be sure that it has been *cooked well;* by that I do not mean thirty minutes nor sixty minutes, but several hours, and over night, if possible. I first tried soaking it over night in cold water, but now find it much better to commence cooking it earlier. My double boiler is put on with the quantity of rolled oats I wish when preparations are being made for the evening meal; it cooks all evening and through the night, and again in the morning until time for serving it. The result is a delicious, creamy mass, and free from particles) then the cereal followed by a soft boiled egg or one of the many light articles of food that can be prepared so easily.

My little daughter who starts out to school every morning has taken nothing all fall and winter but a small quantity of rolled oats, cooked in

the manner I have told you, and sometimes a little toast. It worried me to think of the slight breakfast she takes, but I must confess she seems to be getting stouter and heartier every day.

Light and clear soups (home-made preferred) followed by a meat—beef, boiled, broiled or roasted; mutton next preferred (but avoid lamb, veal and pork); rice, potato or macaroni, with a green vegetable simply prepared.

Salads are good for children if they be light and of a delicate nature; for instance, celery, lettuce, and spinach. Mayonnaise dressing should never be given to children, the French preferred.

The desserts next, and they form a very important part. Mrs. Rorer says: "Cake should never be given to children; that even an adult should look upon cake and pastry as an evil." (Quietly to you, I do not agree with her there.)

The old-fashioned rice pudding, and rice in other forms, custards, brown Betty, etc., etc., are the only kinds of desserts children should have.

Supper, whenever possible, have simple; little folks rest better when they go to sleep with a comparatively easy work for their stomach and digestive organs.

When it has been necessary to have the cooked meal at night, I have found it a good plan to give the little folks their supper and tuck them away in their little beds. They are not then tempted to ask for those things which would not be well for them to have, but have had that which will bring sweet rest and pleasant dreams.

Alcoholism in France.—In the opening lecture of his course Dr. Debove sounded a note of alarm. He declared that alcoholism was present everywhere in France—in the towns, in country villages, and among all classes. The resources and strength of the country were impoverished by this vice. It was no longer a condition of acute and sporadic alcoholism; alcoholism was now chronic in France. That country, according to Dr. Debove, has the unfortunate supremacy of being at the head of all the "ethylic nations." The proportion of alcohol at 100° drunk amounts in Paris to 14½ litres per head, in Belgium and Germany 10 litres, England 9 litres, Switzerland 8, Italy 6, Sweden 4, Norway 3, Canada 2. This unenviable supremacy is on the increase, as it is in Belgium, the proportion in other countries being a descending scale. There are in France 500,000 wine shops; in the North of France one for every twenty-five adults; in the Seine Inférieure Department one for every twenty-two adults, in Paris one for every three houses, not counting the railway station bars. Dr. Debove told his hearers that no one escapes this epidemic; children, young girls, men, women, all suffer from it. In some parts of France nurslings are brought up by bottle *a l'alcool*. Dr. Debove calls upon the medical world by example and by carrying on a crusade against this invading tide of alcoholism to try to stem it.—*British Medical Journal.*

NEW YORK LETTER.

At a recent meeting of the New York Surgical Society, Dr. F. W. Murray presented a case of posterior gastro-enterostomy with Murphy's button for benign stricture of the pylorus. The patient, a woman, forty years old, began three years ago to suffer from indigestion; the most severe and persistent symptom was the pain. The vomited matter never contained blood. Her bowels were irregular, and the loss of flesh and strength was very great. Two years ago the pain lessened, but the vomiting became more marked, consisting of immense quantities of undigested food, relief following until she took another meal. In the spring of 1898 Dr. Murray found the stomach greatly distended, but no tumor. A stricture of the pylorus was evidently present; stomach contents were examined, showing hydrochloric acid normal, and the stricture was evidently of benign character. A gastro-enterostomy was advised, but was declined by the patient. In August, 1898, she entered the New York Hospital, and the doctor performed a posterior gastro-enterostomy, using the Murphy button. The pylorus was found to be much thickened and indurated, but there were no enlarged glands or adhesions. She was fed *per rectum* until the ninth day; the bowels moved on the same day; on the eleventh day the patient was sitting up in a chair; on the sixteenth day the button was passed, and on the twenty-first day she was discharged. Her bowels have since been regular, and she has gained from eighty-five to one hundred and fifteen pounds.

Dr. C. K. Britton said that in a certain number of cases the posterior operation could not be resorted to. Two cases had come under his observation where the malignant disease was far advanced, with much infiltration, glandular and otherwise; he had found it impossible to raise the colon with its meso-colon for a sufficient distance to do the posterior operation. In both these cases he had to resort to the anterior operation.

Dr. F. W. Murray, at the same meeting, also presented a case of intestinal obstruction due to carcinoma: colotomy, and subsequent resection. The man was forty-six years old; admitted to St. Luke's Hospital in March, 1898. Two weeks previous he was suddenly seized with cramps in the lower abdomen; there was no nausea or vomiting. The bowels had moved slightly every day, the movements consisting of hard lumps of fecal matter, and the stool was accompanied by bearing-down pains in lower left abdomen. This state of affairs continued for ten days, when constipation became complete and vomiting set in, consisting of greenish fluid and frequent gaseous eructations.

Upon entrance to the hospital the man's abdomen was distended, tympanitic, tense, with tenderness of pressure over the left pelvic region. By steady pressure upwards through the rectum, the finger came in contact with a mass apparently outside and to the right of the rectum. The patient was weak, delirious, with a temperature of 102.5° and a pulse of 120. Efforts to move the bowels by oil enemata proved to be ineffectual, so the

patient was anæsthetized and a left inguinal colostomy done, and a large amount of gas and fluid feces evacuated.

Four weeks later the peritoneal wound was securely shut off by means of iodoform gauze and sealed with rubber tissue, then the peritoneal cavity was again opened through a median incision. The sigmoid was found and traced downwards, and about its junction with the rectum a carcinomatous tumor, about one inch long, was found; it formed a ring-like contraction about the gut. The bowel was distended and hypertrophied above the obstruction; below it was contracted. Two and one-half inches of the gut were excised, and, after incising the meso-colon on each side, the two divided ends were brought together and united by means of a Murphy button. The patient was out of bed on the twenty-first day and is now all right.

In cases of bowel obstruction where he is unable to detect the site of the obstruction by palpation, Dr. Murray makes an incision about two and one-half inches long high up in the median line, and draws down the transverse colon; if this is distended, he knows the obstruction is on the right side; if it is not distended, the obstruction is on the left side.

At the annual dinner of the Sewanee Alumni Association, given at the St. Denis Hotel, Dr. W. M. Polk, dean of the Cornell Medical School, attacked the race problem in the South, as follows: "Do not allow yourself to question the negro's inferiority. He is inferior and cannot be otherwise. Nature revolts at attempts to change his blood. Cross his blood and witness the frightful diseases developed. Keep him as he is, in his own blood, and he is the most trustful, simple form of peasantry. The spirit of expanding Anglo-Saxon civilization proclaims the truth of race superiority. The Teutonic race is superior to the Slav, the Saxon to all. Educationally, the negro must be treated as he is in the South. You must adopt the same institutions here. Treat him kindly and firmly, but never as an equal."

The Manhattan Eye and Ear Hospital has again been the recipient of a small fortune, Mrs. Paton, in her will, leaving $50,000 for that institution.

Sister Polycarpa, of the order of St. Dominic, who is said to be the only nun in the United States who ever held such an office, has been appointed postmistress at St. Joseph's, Sullivan county.

One of New York's magistrates has become emphatic in his stand not to permit witnesses to kiss the Bible. Recently, a young girl paid the penalty with her life, disease germs lurking in the filth deposited during a long term of service. Her lips were chapped and slightly bleeding when she took the oath, pressing her lips against a Bible which was filthy beyond description. Blood poisoning soon set in and death followed months of agony.

E. FRANKLIN SMITH.
308 West Forty-fifth street.

RAILWAY SURGERY.

The Wabash Emlpoyes' Hospital Association treated during the year 1898 a total number of 21,629 sick and injured employes, divided as follows: Surgical, 2,853; medical, 18,776. Total, 21,629. Prescriptions filled during the year 1898 were 44,185.

Hospital Department of the International and Great Northern Railroad Company has headquarters at Palestine, Texas. Their hospital at Palestine, Texas, is well supplied with every necessity, having two buildings, one used as a colored ward, the hospital proper treating the white employes. Dr. W. G. Jameson is Chief Surgeon, Dr. R. H. McLounud First House Surgeon, Dr. A. C. Lillard, Second House Surgeon. During the year 1898 this hospital department treated 830 in-patients and 6,831 out-patients—7,661 from all sources.

The Hospital Department of the Missouri, Kansas and Texas is under charge of Dr. E. F. Yancy, as Chief Surgeon. It is one of the best departments in this country, broadly extending the use of his department for the employe, meeting not only the praise and sanction of the management, but the employes as well. The following report gives an idea of the demands made upon and met by this department:

TOTAL FOR THE YEAR 1898.	1897	1898
Patients treated in Sedalia Hospital	1852	2359
Patients treated in I. & G. N. Hospital	7	10
Patients treated at Houston Infirmary	414	395
Total number in-patients	2273	2764
Patients treated at Denison Relief Station	3172	3262
Patients treated at Trinity Relief Station	24	31
Total number outside surgical cases	1367	1444
Total number outside medical cases	2939	2942
Total number of cases treated during the year	9775	10443
SEDALIA HOSPITAL.		
Patients on hand January 1, 1898	70	57
Total number admitted during the year	1782	2302
Total number discharged during the year	1782	2300
Total number of deaths	13	6
Patients on hand January 1, 1899	57	53
I. & G. N. RAILWAY HOSPITAL.		
Patients on hand January 1, 1898	0	0
Total number admitted during the year	7	10
Total number discharged during the year	7	10
Total number of deaths	0	0
Patients on hand January 1, 1899	0	0
HOUSTON INFIRMARY.		
Patients on hand January 1, 1898	13	5
Total number admitted during the year	401	390
Total number discharged during the year	395	376
Total number of deaths	1	3
Patients on hand January 1, 1899	5	16
Total number of prescriptions filled during the year	34,432	40,894
Total number of prescriptions filled for S. W. & S. W. Railway employes during the year	122	91

During the year 1898 the Missouri Pacific Hospital Department treated 5,609 in-patients and 23,635 out-patients, making a total of 29,244 treated from all sources. There were filled by the department, during 1898, prescriptions to the number of 105,367.

Dr. Geo. Chaffee, department editor of "Railway Surgery" of the *International Journal of Surgery*, deserves a world of credit for his efforts in the advancement of railway surgery. He has made a splendid department in that journal, and his efforts in the New York State Association of Railway Surgeons have been the means of producing many points valuable to railway surgery. Doctor Chaffee's personal character is an admirable one. He is unusually kind and gentle, deep in sincerity, indefatigable as a worker. His kind soul makes you admire and respect him. He is one of the few men who will ever grow, not only in the estimation of his familiar friends, but of the world as well. The *International* could not well replace him.

One of the best books yet written upon the relations of accident and injury of the nervous system has been written by Pearce Bailey, M. D., of New York. In our estimation, no book yet written equals it. Its arrangement is excellent; and to any one desiring a plain, complete and effective statement, Pearce Bailey's book is unexcelled. In our estimation, it is better than Page, Strumpel, etc. Part I. is a consideration of the organic effects of injury to the nervous system. Part II.: Functional effects of injury, considering the nervous disorders which most frequently follow railway and allied accidents; the traumatic neuroses, traumatic neurasthenia, traumatic hysteria, etc. Part III.: Malingering. Part IV.: Treatment. Its general arrangement and text are splendid, and the investigator of these subjects must add this most excellent work in his reading, if he would have the subject complete.

Hon. Clark Bell, the editor of the *Medico-Legal Journal*, the guider and maker of the Medico-Legal Society of New York, has ever taken a deep interest in railway surgery and deserves greater credit than he has received. He is rich in medico-legal lore, and his name will live wherever medico-legal practice is known. We know of no one who has done more in this direction. Nothing discourages him, but, faithful to his purpose, he labors on amidst difficulties, only to shine brighter and greater by his work. The extent and breadth of his knowledge is, indeed, large and dazzling.

Accidental Hernia.—There is no doubt about there being much confusion in the minds of surgeons concerning the relative frequency in which accident causes hernia, and anything which elucidates this point should be brought to the notice of all surgeons engaged in accidental surgery, whether upon the railway, mill, or other manufacturing plant. Well systematized ideas in this direction are of genuine value. The following is sensible and practical:

"C. Kaufmann discusses the question: 'When is an Hernia an Accident?' Which, owing to the local workmen's compensation acts in Switzerland and Germany, has been considerably debated both by surgeons and

lawyers in those countries, as it is likely to be in England. (1) The first condition for a claim for compensation to be allowed is the proof of an injury (direct or indirect violence), or, what is the same thing legally, of an exceptional strain occurring during work. The mere fact that the hernia appeared during ordinary work is insufficient. (2) It must be proved that the rupture in the first instance appeared suddenly, and was accompanied by such violent pain that work had to be at once discontinued. This specific pain is always felt most in the neighborhood of the rings, and there is tenderness to pressure there. (3) The clinical examination of the patient is of great importance, and ought to be undertaken immediately after the accident. Failure to consult the surgeon for some time is suspicious. Incarceration of the hernia is considered in Germany to be constant in every case depending on injury (*'hernie de force'*), and its absence to exclude accident. This point has not been settled definitely in Switzerland. Many cases are obviously old, and the claims can be rejected at once. In a freshly-acquired accidental hernia the following anatomical relations must be present: The hernia must not be larger than a hen's egg, and must be either interstitial, or project only partially through the external inguinal ring. It must be reducible only by taxis, and must not return spontaneously into the abdominal cavity on lying down. On standing up after reduction it usually does not return except on coughing or straining. There should be no hernia on the other side, and the inguinal ring and canal should barely admit the finger. The simultaneous acquisition of a double hernia, or of a single one with a well-marked hernial predisposition on the other side, makes it unlikely that accident was the cause. Advanced age in a man who has done heavy work for years is also against it. In Switzerland and Germany the courts have decided that a hernia which can be kept up by a truss with certainty takes permanently ten per cent. off a man's earning power; one which, in spite of truss, precludes heavy work, fifteen per cent.; and one with further disadvantages, twenty per cent. A reduction is made in the compensation for existing hernial predisposition, either from the presence of a congenital hernial sac, which can seldom be diagnosed, or from the easily-recognized, wide-based conical hernial sac described by Kocher (*Epitome*, vol. ii., 1898, paragraph 106). The writer reckons that among the 200,000 artisans in Switzerland, twenty are compensated for hernia as being due to an accident annually, and ninety-two per cent. of the claims are disallowed as frauds. As a result, employers will not now take men into their service without a medical certificate of freedom from hernia and from hernial predisposition."—*British Medical Journal*

SURGICAL SUGGESTIONS.

The Treatment of Harelip and Cleft Palate.—This much-discussed topic continues to be the subject of a good deal of doubt in many minds as to when and how to operate for the various conditions that present themselves. Many of the procedures necessary are entirely within the range of the general practitioner, but there always remains a feeling of hesitation as to the methods most advisable to employ and the most suitable time for operation. Towards solving such doubts an authoritative review of the recent literature of the subject and conclusive statements as to what seems best in the therapeutic suggestions that have been recently offered by various writers will be of the greatest value to the busy practitioner.

Such a review of the treatment of harelip and cleft palate is given by Dr. J. Chalmers Da Costa, in *Progressive Medicine*, the new quarterly review of advances in medicine, of which Professor Hare is the editor. From it we gather that the tendency is more and more towards early operation. The third or fourth month used to be considered the earliest suitable time to operate. Murray now counsels operation in the fourth week; Mumford and Heath think it should be undertaken not later than from the sixth to the eighth week. Where cleft palate exists it is not operated upon so early. The harelip is operated upon alone, and the persistent pressure made by the closed lip helps to lessen the gap in the growing bone. The operation on the cleft palate is put off for awhile, but this, too, not nearly so long as it used to be. If the closure of the defect is delayed until the child has learned to talk, the peculiarities of speech, especially its offensive nasal character, will never be corrected. The authorities are agreed, then, that a cleft in the soft palate should be closed about the sixth month, and in the hard palate during the second year.

The practical suggestions collected from the recent literature of the subject by Dr. Da Costa are very valuable to the ordinary practitioner. Space will permit us to give but a few of them. The use of the knife in operation rather than the scissors, because the latter crushes tissue more, leaving its vitality impaired, especially at the edges where this is so important for subsequent union; the avoidance of pins or heavy sutures in securing proper apposition after the operation is advised, though these are faults of technique in this matter that we fear have been so ground into the present generation by text-book and teacher that failures of union due to these crude, early methods, will still continue to be frequent. The suggestion by Mumford as to anchoring the nares with shotted wire will remove a very common cause of failure due to the child's inevitable tendency to "turn up its nose" at and after the proceedings.

In double harelip it is advised to remove the intermaxillary bone by subperiosteal operation a week before the operation on the lip. If left it is liable to undergo necrosis. Its removal leads to some flattening, but this will not be great if the bone be removed by subperiosteal operation, and if but one side of the harelip be operated upon at a time. Among the

directions for the operation for cleft of the hard palate we note these preoperative measures of precaution from Owen, which are sometimes forgotten, but of which the practical value it is easy to see: Never operate unless the child is in the best possible health; remove carious teeth, adenoids and enlarged tonsils before operating, and operate whenever possible in fine weather, so that the patient can get out-of-doors soon afterwards. The neglect to remove such ready sources of infection as carious teeth and those harborers of microbes, the irresistive tissues of adenoids and enlarged tonsils, is very probably the source of a good many of the failures in uranoplastic osteo resection.

Fractures of the Pelvic Bones.—The one complication to be feared, both during and after fractures of the posterior parts of the ilium, is irritation or injury of the sciatic nerve and persistent pain in this nerve. For this reason great care should be exercised in trying to keep the fragments accurately apposed while the dressing is being applied; and while lying flat on the back will probably be painful at first, this position should, if possible, be preserved, as the pressure upon the mattress will help to hold the detached fragments in place. I think it wise to warn the patients who have these fractures that they may have neuralgic pains during and for some time after the treatment of the fracture. I would advise active antilithic treatment for rheumatic and gouty subjects during their confinement in bed and for a short time after getting about, in treating these fractures.—DR. W. L. ESTES, *International Journal of Surgery*, February.

Urethral Stricture.—The virulence of the gonococci is weakened by remaining in the same soil where they have proliferated, and this is the reason why the secretion of a chronic gonorrhœa produces a milder form of this disease. At each relapse the gonococci from the inflammatory exudation are carried to the surface, and are thus eliminated; but after long continuance of the gonorrhœa the papillary body does not react any more, and the gonococci remain in it and also in the follicles, maintaining a prolonged and constant irritation, which ends with proliferation of the mucous membrane and formation of hard, cirrhotic tissue, which we know under the common name of stricture.—DR. A. RAVOGLI.

Appendicitis.—However light the clinical expression of appendicitis may be and how much it may appear to be in favor of a speedy temporary recovery, the operation is always justifiable. As the strength of the infection can never be known with certainty, from the beginning it appears to be wiser to take each appendicitis seriously. Among two evils the smaller should be chosen, and operation is the smaller evil.—CARL BECK.

Strictures of the Rectum.—According to the statistics from the large hospitals in London, strictures of the rectum in females are ten times as frequent as in males; hence, we can readily see how these strictures would be produced by careless people, particularly the lower classes of people, who never stop to think when they have a gonorrhœal vaginitis, but use a syringe which infects the rectum.—J. B. BACON.

MEDICAL NOTES.

Hæmorrhage as a Sign of Congenital Syphilis.—In the course of the description of a case of hæmorrhagic congenital syphilis appearing as a hæmorrhagic vesicular eruption, Dr. William S. Gottheil calls attention to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first; but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hæmophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best-known effects of the syphilitic poison, leading to hæmorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs; or, finally, making the syphilitic eruption itself hæmorrhagic. The author emphasizes the importance of remembering these facts in the treatment of infants who have hæmorrhagic discharges or a hæmorrhagic eruption the cause of which is obscure.—*Archives of Pediatrics.*

Use of Saline Infusions.—Dr. Reilly, in the *N. Y. Medical Record*, summarizes a paper on the indications for the use of saline infusions as follows:

(1) In all cases of severe hemorrhage, whether external or internal.

(2) In shock, both simple and post-operative, it fulfills all indications.

(3) In all toxemic conditions, and here it should follow venesection; indeed, no agent thus far has compared with it in efficient uremic and septic conditions.

(4) In all cases of poisoning due to vegetable or mineral substances.

(5) In any pathologic state attended with feeble pulse, due to diminished arterial pressure.

(6) As a last resort in cases of imminent death from any cause of an accidental nature.

The Wearing of Belts After Abdominal Section.—Patients who have undergone abdominal section should wear a well-fitting belt for at least two years after the operation, otherwise a hernia is very apt to form. I am aware that more than one distinguished abdominal surgeon has denounced the belt as tending to cause atrophy of the abdominal muscles. Personally, I do not think for one moment that it does; but even if it were so, a somewhat weak abdominal wall is better than a ventral hernia.—Dr. Christopher Martin, M. B., Edin.; F. R. S. C. Eng., *The Scalpel, Vol. III., No. 36, page 376.*

Absorption and Digestion of Milk.—A common time of administering milk with me, especially in poorly-nourished females, is in the morning, one hour before breakfast, the directions being that the patient shall lie

still for a quarter of an hour thereafter; it is often found then that instead of rising fatigued, with no appetite for breakfast, the patient gains in strength and enters on the day with a vigor quite unknown before. I also very commonly have weak females lie down in a darkened room for a half-hour nap after taking the milk at 12 and 5 o'clock. I could give many, many instances where the transformation of the patient by this simple procedure has been really marvelous. The soporific qualities of warm milk at bed-time or in the night are sometimes remarkable.—DR. L. DUNCAN BULKLEY.

Hemorrhagic Sputum. — Hemorrhagic sputum may be seen in: (*a*) Croupous pneumonia. (*b*) Pulmonary infarction. (*c*) In cardiac lesions producing marked stasis in the pulmonary circulation. (*d*) Violent paroxysmal cough (coming from pharynx or larynx). (*e*) Hæmoptysis, the expectoration being bright-red and frothy. Large quantities of blood may be spat up in erosions of blood vessels through ulceration in cases of pulmonary tuberculosis, bronchiectasis, gangrene, and sometimes in cases of malignant disease of the lung.

It is always well to make sure that the blood does not really proceed from the patient's gums.—DR. T. J. BOKENHAM, *Treatment*, *Vol. II.*, *No. 20*, *page 630*.

Benign Growths of the Tonsil. —True papilloma of the tonsil is uncommon. Other benign growths are comparatively frequent. The latter are often of inflammatory origin and connected with enlarged tonsil.—YEARSLEY.

Disuse of the Bed-pan in Typhoid Fever.—The arguments in favor of the night-chair are:

(1) Less annoyance to the patient. (2) More complete evacuation of the bowel, and therefore less frequent disturbance. (3) The more natural position causes less straining, and therefore really less danger of either hemorrhage or perforation.

Only when the patient is unable to get out of bed is the bed-pan used. —DR. H. C. DRURY.

The Use of Hot Sand in Therapeutics.—The chief indication for the employment of these baths are: To diminish dropsical conditions, whether dependent on heart, liver or kidneys; in the absorption of pleural exudates; in the treatment of chronic arthritic troubles, especially arthritis chronica deformans, in which the severe pains are greatly lessened; frequently the exudates are so far removed that the mobility of the joints may be greatly increased. Excellent results have been obtained in sciatica, as well as in acute and chronic articular rheumatism.—GRAWITZ.

Treatment of Chronic Interstitial Nephritis.—High tension with low specific gravity and cardiac hypertrophy call for iodide of potash. Be careful not to lower too suddenly this high arterial tension. When polyuria is an annoying symptom, nux vomica with bromide of soda is beneficial.—DR. LARKIN W. GLAZERBROOK.

THE TRI-STATE MEDICAL SOCIETY.

Preliminary Program Tri-State Medical Society to be Held at Quincy, Illinois, April 4 and 5, 1899.—FORENOON SESSION—*First Day.* A. S. Mackey, Louisiana, Mo.: Tachycardia, Paroxysmal. James Moores Ball, St. Louis, Mo.: A Case of Brain Tumor Presenting Chiefly Ocular Symptoms. R. M. Lapsley, Keokuk, Iowa: Glaucoma. F. A. Boucher, Marshalltown, Iowa: Diseases of the Nasal Sinuses and Middle Ear as Seen in La Grippe. O. F. Pile, Memphis, Mo.: La Grippe.

AFTERNOON SESSION—*First Day.* A. E. Prince, Springfield, Ill.: Treatment of Adenoids and Turbinated Hypertrophies. J. C. Murphy, St. Louis, Mo.: Treatment of Endometritis. M. B. Ward, Kansas City, Mo.: Indications and Contra-Indications for Hysterectomy in Uterine Fibroids. Henry T. Byford, Chicago, Ill.: Curative Action of Ergot Upon Certain Uterine Myomas. F. B. Dorsey, Keokuk, Iowa: Uterine Fibroma. O. B. Campbell, St. Joseph, Mo.: Uterine Fibroma. J. J. Brownson, Dubuque, Iowa: Suprapubic Lithotomy. F. H. Martin, Chicago, Ill.: Treatment of Retroversion of the Uterus. Jos. H. Bacon, Chicago, Ill.: Results of Neglected Cases of Cervical Laceration. D. F. Monash, Des Moines, Iowa: Early Surgical Interference per Vaginum in Pelvic Inflammation. O. B. Will, Peoria, Ill.: Some Uses of Actual Cautery in Gynæcological Therapeutics. Francis Reder, St. Louis, Mo.: Abdominal Incision and Suture. T. J. Maxwell, Keokuk, Iowa: Some Uses of Esmarch's Bandage. Emory Lanphear, St. Louis, Mo.: The Latest and Most Successful Treatment of Tetanus.

EVENING SESSION—*First Day.* A. W. Williams, Quincy, Ill.: Strangulated Hernia—A Successful Operation on a Patient Eighty Years of Age. A. H. Cordier, Kansas City, Mo.: Diagnosis of Surgical Diseases of the Kidneys. Lewis Schooler, Des Moines, Iowa: Movable Kidney. A. H. Ferguson, Chicago, Ill.: Decapsulization of the Kidney for Special Pathological Conditions. A. H. Meisenbach, St. Louis, Mo.: Bone-Splitting—A Conservative Measure in the Surgery of the Hand and Foot, with Report of a Case. Geo. F. Hurlburt, St. Louis, Mo.: subject not announced. Edw. Borck, Red Bud, Ill.: Treatment of Fractures of the Thigh.

MORNING SESSION—*Second Day.* C. H. McGee, Unionville, Mo.: Œsophagotomy. J. F. Herrick, Ottumwa, Iowa: Nerve Exhaustion. S. K. Davis, Libertyville, Iowa: Self-Intoxication. F. B. Hiller, Kahoka, Mo.: Dietary of Infancy. Geo. P. Neal, Ft. Madison, Iowa: Professional Perplexities. W. B. La Force, Ottumwa, Iowa: subject not announced. M. S. Marcy, Peoria, Ill.: Uric Acid and Its Serious Results when Not Eliminated. J. E. Parrish, Memphis, Mo.: Status of Typhoid Fever. H. A. Leipziger, Burlington, Iowa: Gangrene from Carbolic Acid. J. J. Ochsner, Chicago, Ill.: Surgical Treatment of Habitual Criminals. W. H. Mitchell, Lancaster, Mo.: Application of Cold Water to Allay Persistent Vomiting.

AFTERNOON SESSION—*Second Day.* J. H. Coulter, Summittsville, Iowa: Tuberculosis Treated with Large Doses of Creosote. J. B. Murphy,

Chicago, Ill.: Tuberculosis treated by Surgical Means. Elmer Lee, New York, N.Y.: Pneumonia. J. T. Lambert, Farley, Iowa: Pneumonia. John S. Pyle, Toledo, Ohio: Pneumonectomy—Its Possibilities as the Future Treatment of Incipient Pulmonary Tuberculosis. Bayard Holmes, Chicago, Ill.: subject not announced. D. C. Brockman, Ottumwa, Iowa: Gall Stones. J. R. Hollowbush, Rock Island, Ill.: Surgery of the Gall Bladder. J. I. Skelly, Pekin, Ill.: Enterorrhaphy. H. C. Markham, Independence, Iowa: Intestinal Constipation and Its Etiologic Effects. F. B. Robinson, Chicago, Ill.: Pelvic Reflexes, Abstract. J. F. Percy, Galesburg, Ill.: Some Remarks on Appendicitis. R. H. Turner, Canton, Mo.: Puerperal Eclampsia. T. B. Ellis, Bethany, Mo.: Melano-Sarcoma, with Report of a Case. Jos. Geiger, St. Joseph, Mo.: subject not announced.

All communications are to be addressed to Dr. C. E. Ruth, Keokuk, Iowa, or to the secretary, Dr. Fowler, Dubuque, Iowa.

Manna.—A French investigator has recently published the results of research into the origin and composition of the manna of the Bible, which even to the present day the Arabs, when traversing the desert, rely on as a means of subsistence, both for themselves and their camels. He maintains that it is a kind of mushroom, which under favorable conditions of soil attains a considerable size, many specimens weighing a pound or more. It has an agreeable taste, and is slightly sweet. It contains 32 per cent. of starch, 14 per cent. of nitrogenous matter, 16 per cent. of water, together with salts and some other unimportant substances. When eaten freely, it is said to exert a laxative action. These statements certainly require confirmation, for it is usually supposed that the manna of Scripture answers in its description very closely to the tamarisk manna, the Persian *gaz-angubin*, which exudes in June and July from the slender branches of Tamarix gallica *var.* mannifera. In the valleys of the peninsula of Sinai, especially in the Wâdy-el-Sheikh, the manna is collected by the Arabs and sold to the monks of St. Catherine, who supply it to the pilgrims visiting the convent.

New Books by Dr. Oliver. Dr. Charles A. Oliver, of Philadelphia, one of the foremost ophthalmologists of this country, has just finished a translation of Ohlemann's Ocular Therapeutics, and of Donder's Refraction. These books deserve to meet with a large sale.

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NEW REMEDIES.

Euquinine.—In this new cinchona derivative the profession has an agent which, in the truest sense of the word, fills a long-felt want. For two years the writer has been experimenting with it in cases which indicated quinine, and especially in the practice of pediatrics. Medicine is the bogy of childhood—and of all medicinal bogies quinine is the *bête noire;* yet we find in cinchona one of our most valuable remedies—the specific of specifics in malaria. The intense bitterness of the cinchona alkaloids is responsible for the various patent and ethical quinine elixir abominations which assume, by excessive sweetness, to disguise the bitterness of a dissolved or suspended quinine. This excessive bitterness is likewise responsible for the coated pill which, with barefaced duplicity, argues the child into the belief that it is candy, until the child perceives the deception upon biting or sucking the sugar coating off. At the same time few children can swallow a pill as a pill. Masticate it they must, and promptly on tasting its contents they eject it from their mouths in disgust. A large percentage of adults are as unable to swallow a pill or capsule as a child; even a wafer is rejected by some, who courageously resort to the more or less elegant elixirs. Euquinine overcomes all of these objections. It is as absolutely tasteless as powdered chalk. It can be administered to any child with or without admixture of sugar or milk. It can be suspended in syrup in any desired proportion without giving to the syrup any additional taste. It is one-half the therapeutic value of quinine sulphate, hence must be given in double the amount to get the same effect. The physiological action is practically the same, though I have observed that it does not produce the characteristic head symptoms in anywhere near the same degree, dose for dose, that other cinchona alkaloids do, nor does it cause cardiac depression when given in large dose. A person with an idiosyncrasy to the various cinchona alkaloids can usually take euquinine with impunity. In this connection I desire to report two cases of cinchona idiosyncrasy which stood euquinine without any such peculiar manifestations of intolerance.

Case I.—Mrs. T., suffering from a chronic form of malarial poisoning, was placed on quinine sulphate, five grains three times a day, in capsules. Fifty minutes after taking each dose she experienced a chill and such physical prostration as compelled her to lie down. Examination showed great pallor, rapid and feeble pulse, rapid and shallow breathing, subnormal temperature 97.4 degrees, trembling and fear of impending death. Suitable antagonistic treatment revived her, and on the suspension of quinine sulphate the attacks disappeared. Two years later small doses of a patent laxative quinine preparation, warranted not to produce the ill effects of other cinchona preparations, were taken with the same result. On her recovery I directed her to take ten grains of euquinine the next day, leaving proper restorative remedies in case of necessity. Patient took the euquinine with impunity and had no need to use the physiological antagonist.

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A new chemical combination of quinine and phosphorus, freely assimilable, non-irritant, very soluble, and indicated in all cases of fevers, malarial troubles and as a tonic. Its indications are the same as for sulphate of quinine.

The phosphorus, being in its lowest state of oxidation, is free from irritating properties, and acts as a powerful hæmatogenic, thus counteracting the pathological action of the quinine upon the blood, while the tonic, anti-periodic and germicidal action of the compound is superior to that of the sulphate quinine.

Hypo-Quinidol (Gardner), being very soluble and deliquescent, is only put up in the form of pills (1 and 2 grains), protected from atmospheric oxidation and deliquescence by an impervious coating, which also conceals its bitter taste. Literature upon this new preparation sent physicians only upon request and receipt of professional card. Address:

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CASE 2.—Mr. C., gastric catarrh. I prescribed as follows:

℞ Tinct. nucis vomicæ ..... fl. ℥ j
Tinct. capsici ..... fl. ℥ ij
Tinct. cinchonæ comp ..... fl. ℥ iij
M. Sig.—A teaspoonful before each meal.

Patient asked me if the medicine contained any quinine and I said no. Patient took one dose of the medicine and within an hour had an eruption of urticaria such as I had never seen before. Subsequently it became necessary to treat him for intermittent fever. He reminded me that he could take no quinine, nor anything containing it, even in the smallest quantity. I dispensed powders of euquinine, ten grains, to be taken four hours before the expected chill. This is a small dose for a grown person under such circumstances, it being equivalent, therapeutically, to but five grains of quinine sulphate, and could hardly be expected to abort a malarial paroxysm. It did very well, however. There was no urticaria nor other unpleasant quinine effects, and the malarial attack was very mild. This treatment was continued every second day, with the effect of completely checking the subsequent chills and finally curing the malaria.

These cases are reported simply to show the value of euquinine in some cases of intolerance of the other cinchona alkaloids.

In a future article I expect to report some cases dealing with the indications for it based on its physiological action.—G. H. THOMPSON, M. D., of St. Louis, Professor Materia Medica and Therapeutics, College of Physicians and Surgeons.

Nosophen in Ophthalmology.—Of the newer remedies employed in this clinic during the past year we wish to make special mention of nosophen, an antiseptic of peculiar value in ophthalmic practice. It is a combination of iodine and phenolphatalein, the amount of iodine being about sixty per cent.; it is several times more voluminous than iodoform and devoid of unpleasant odor. It is but slightly soluble in the lachrymal secretions.

Nosophen is of particular value in the treatment of eye diseases and as a dressing after operations for reason that its antiseptic properties are manifested with but a minimum irritation; even in cases of perforating ulceration of the cornea little or no reaction followed its use. This remedy was used in a number of cases, but its effects were more especially noted in the following: One case of burn involving the nasal side of both lids of right eye; enucleation of chalazions, three cases; lachrymal abscess, two cases; chronic corneal ulceration, five cases; various wounds of lids, six cases; operations for entropion and ectropion, three cases; operation for pterygium. All cases were favorably influenced in so far as the indications were met with this drug. As an antiseptic it is superior for use in ophthalmological practice, arresting ulceration and stimulating healing. Nosophen gauze is equally worthy of favorable mention.—Extract from Report of Ophthalmological Clinic, St. Louis College of Physicians and Surgeons, January, 1899.

Arsenauro.—Dr. Arthur E. Mink, St. Louis, writes concerning the treatment of neurasthenia (*Medical Bulletin*):

"We should not lose sight of the fact that symptomatic treatment is

merely transitory. The cause must be removed. For this purpose the use of systemic tonics, and those which affect the cells and are especially nutrient to the nerve centers, are to be recommended.

"It was my custom formerly to prescribe the various forms of iron, but an extensive experience has induced me to abandon them entirely. The relief obtained from their use was palliative and transitory. In the treatment of neurasthenia I have a decided preference for the compounds of arsenic and gold. The preparation which suits me best and which I have been prescribing extensively for the last few years is the liquid of bromide of gold and arsenic: arsenauro. It is not only very valuable as a systemic and nerve tonic, but at the same time seems to have a peculiar and beneficial sedative effect, due, doubtless, to the bromide present in its composition. Hence, it not only allays the tremors and restlessness in these cases, but it is also of great benefit in sexual neurasthenia in calming the morbid irritability of the genito-spinal centers. We must use it persistently throughout the entire course of treatment, and bear in mind always that the neurasthenic can stand very much larger doses than they would care to admit—twenty to thirty drops, largely diluted with water, after each meal."

Unguentum Crede—Soluble Silver.—G. Schirmer has treated nine cases of cerebro-spinal meningitis with inunctions of thirty grams unguentum Credé in the course of three days, repeating an inunction of ten grams at each remission. Combined with this, very hot water compresses were applied to the spine; the nasal cavities were antiseptically cleansed as soon as the patient's condition permitted, and small doses of trional were given, if very restless. All were children and recovered rapidly, with none of the after-effects so frequently observed with this disease. Edwin Klebs suggests that infection may be carried through the tissues as well as along the lymph and blood system (*N. Y. Med. Monats.*, November) by the leucocytes, which would explain the success of the inunction, and urges tests to demonstrate this, with Credé's soluble silver as peculiarly applicable for the purpose. O. Werler considers that Credé has succeeded "with his systematically conducted chemic studies and bacteriologic experimentation in filling a gap in therapeutics that has been long and painfully felt by all practitioners, with the discovery of a specific which, without the slightest injury to the vital functions, removes the cause and cures the dreaded septicemic processes by its intense bactericidal power. In this respect Credé's argentum colloidale is absolutely without a rival. In this soluble metallic silver we have an internal therapeutic measure that can be relied upon to successfully control the blood poisoning due to septic infective substances, if the diagnosis is made in time and there are no serious secondary affections." He finds also that the most effective method to apply it is in inunctions, by which means the medicament reaches the blood by percutaneous absorption, where it ensures an universal antisepsis and disinfection of the entire organism, by the formation of powerfully bactericidal silver salts. He only has three cases to report (*Deutsche Med. Woch.*, No. 40): acute sepsis, a septic affection, and chronic multiple furunculosis. The progress of the affection was arrested with inunction, and

complete recovery followed promptly in every case (*vide* JOURNAL, xxx, p. 1414).—*The Journal of the American Medical Association*, December 31, 1898.

Tribromphenol-Bismuth.—Somers (*N. Y. Med. Jour.*, Dec. 24, 1898) writes on this compound as an antiseptic in chronic suppurative otitis media. His method is to thoroughly cleanse the external canal and middle ear with hydrogen peroxide applied on a cotton-tipped applicator, all granulation tissue having previously been removed. He then lightly dusts the powder over the secreting surfaces and inserts a gauze drain, which reaches from the tympanic margin to the concha, fitting into the concha, and over the external canal he places a pad of sterile absorbent cotton and allows this to remain for one or two days, according to the amount of discharge. In cases in which the use of this treatment, after other methods and remedies had been tried, they were all apparently cured; and he has treated more than one hundred cases. It does not stain the parts as does pyoktanin, nor does it cake like boric acid; and it not only lessens, but changes the character of the discharges from the middle ear. Being slowly decomposed in the ear, its action is of considerable duration, thus keeping the mucous surfaces antiseptic for a longer period than any other remedy. He especially emphasizes a thorough cleansing of the canal and tympanic cavity before applying any of the powder, as it has little or no influence unless brought in immediate contact with the pus-producing surface. Through its sedative action pruritus is also allayed, permitting more rapid repair (*vide* JOURNAL, October 15, 1898, p. 897).—*The Journal of the American Medical Association*, January 7, 1899.

Kestin.—An antiseptic preparation placed on the market by the Antibrule Chemical Company, of St. Louis. The formula as announced is gamma trinitrophenol combined with resorcin, ammonium chloride, orthoboric acid, formaldehyde. It is a clear, stainless liquid of agreeable odor and slightly alkaline taste.

The Latest Sham Diploma.—Under this title an editorial writer in a late number of the *Medical Press and Circular* calls attention to the instance of a Yorkshire chemist who announces himself as a "Doctor of Refraction," duly examined and graduated *in absentia*, by an optical college located in one of the largest American cities. This institution says that the diplomate has "passed a most satisfactory examination in the theory and practice of refraction," and is "entitled to the highest honors which the college can bestow."